Please complete and submit this form to the Registrar’s Office if you would like to authorize the release of your educational information to a third party. This authorization does not give authority to make changes to the student’s educational record.

Student ID#: ___________________  Date: ________________

Student Name: __________________

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CHECK ONE: 

- □ Consent for FULL ACCESS to Educational Records indicated below:
  - □ Transcript
  - □ Grade Point Average
  - □ Other:

- □ One Time Use
  This authorization is valid for one time only on: ________________ (date)

- □ Limited Use:
  This authorization expires on: ________________ (date)

- □ Long Term Use
  This authorization will remain continuously in effect until I withdraw this authorization in writing.

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EDUCATIONAL RECORDS MAY BE RELEASED TO:

Name

Address

Phone Number  Relationship to Student

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I understand that some of my records may be protected under the Family Educational Right and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the University Registrar.

Student Signature: ____________________________  Date: ________________

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For office use only

Date Received:  Processed By:

Date Processed:  Notification Sent:

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Student Affairs
August 2016 - Version 1.0