



FERPA: Authorization to Release Information

Office of the Registrar
8401 S. Chambers Road
Parker, CO 80134

Phone: (720) 874-2455
E-mail: registrar@rvu.edu
Fax: (720) 874-2452

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: _____

CHECK ONE:		VALID FOR:	
<input type="checkbox"/> Consent for FULL ACCESS to Educational Records indicated below:		<input type="checkbox"/> One Time Use <i>This authorization is valid for one time only on: _____ (date)</i>	
<input type="checkbox"/> Transcript	<input type="checkbox"/> Credits Completed	<input type="checkbox"/> Limited Use: <i>This authorization expires on: _____ (date)</i>	
<input type="checkbox"/> Grade Point Average	<input type="checkbox"/> Academic Standing	<input type="checkbox"/> Long Term Use <i>This authorization will remain continuously in effect until I withdraw this authorization in writing.</i>	
<input type="checkbox"/> Other: _____			
<input type="checkbox"/> CANCEL Previous Release			
EDUCATIONAL RECORDS MAY BE RELEASED TO:			
Name _____			
Address _____			
Phone Number _____		Relationship to Student _____	

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: _____

For office use only	
Date Received:	Processed By:
Date Processed:	Notification Sent: