

FERPA

Request For Information

INFORMATION/REPORTS TO BE RELEASED FOR:

Name _____

I hereby request and authorize the information specified below to be sent to or discussed with:

Recipient Phone

Street Address City State Zip

INFORMATION REQUESTED:

_____ Any information regarding enrollment, grades and academic information protected under FERPA

_____ Recommendation concerning academics, place of residence, or other arrangements needed to assist student

_____ Other (specify) _____

For the purpose of: _____

Signature of Student _____ Date _____

Printed Name _____ ID# _____

This release is effective until: _____

Originated by _____ Date _____

Witnessed by _____ Date _____