**FERPA RELEASE FORM**

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of and access to their education records. This form authorizes the educational institution named below to release education records to the named third party; it does not obligate the institution to do so.

Student Name: [STUDENT'S NAME]

Student ID: [STUDENT'S ID]

Mailing Address: [STUDENT'S ADDRESS]

Phone Number: [STUDENT'S PHONE NUMBER]

Email Address: [STUDENT'S EMAIL ADDRESS]

The student hereby authorizes [SCHOOL'S NAME] with a mailing address of [SCHOOL'S ADDRESS] to release the following education records to [THIRD PARTY'S NAME] with a mailing address of [THIRD PARTY'S ADDRESS]: (check all that apply)

- **Academic Information**. Includes, but is not limited to, transcripts, credit

hours enrolled/earned, grades/GPA, class schedule, academic progress, and enrollment status.

- **Financial Aid Information**. Includes, but is not limited to, awards,

application data, disbursements, eligibility, and financial aid status.

- **Loan Information**. Includes, but is not limited to, college-maintained loan

disbursements, billing and repayment history, credit reporting history, balances, and collection activity.

- **Student Account Information**. Includes, but is not limited to, billing

statements, charges, credits, payments, past due amounts, collection activity, and financial hold.

- **Other**. [DESCRIBE OTHER SCHOOL RECORDS AND INFORMATION]

The student understands the information may be released orally or in the form of copies of written records and understands that this form remains in effect until otherwise revoked by them in writing.

**Student’s Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_