



FERPA Release of Information

Students can fill out this form to open up lines of communication to help aid in their academic success

- ❖ I, _____, give permission to release information about my education and student accounts to the following person(s):

Name	Relationship	Phone Number

- ❖ I give permission for the following people to speak with the person(s) listed above:
Please write in Staff/Faculty full name

Advisor:	
Instructor(s):	
Student Services:	
Student Financial Accounts:	
Registrar:	
Other:	

- ❖ The following information may be disclosed from my education record:

GPA
 Grade
 Financial Aid
 Tuition
 Academic Performance
 Other _____

Student Name: _____ Start Date: _____

Student Signature: _____ End Date: _____