

CONFIDENTIAL RELEASE AUTHORIZATION

I, _____, do hereby authorize the release of the following:
(Print name)

Personal identifiable, academic information: final grades, attendance, course progress, and transcript information, graduation requirements, class schedules, course withdrawal information.

I authorize the release of this confidential information for the purpose of:

This information may be released to the following party upon their specific request:

Name: _____

Address: _____

City: _____

State: _____

Relationship: _____

*I DO FURTHER ACKNOWLEDGE THAT I AM EXECUTING THIS
RELEASE AS MY FREE AND VOLUNTARY ACT.*

Signed at _____ this day of _____, 20_____

Signature

Social Security Number

Under the provision of FERPA, I wish to **revoke** the above confidential release authorization effective immediately. Complete this section only if you wish to revoke an earlier signed release.

Signature

Date

*This authorization is in compliance with the Family Educational Rights and Privacy Act Statutory Citation.

COPIES: Permanent File, Student, Advisor, ARC, and Dean of Students.