

Student Signature

## **FERPA Education Record Access Change Form**

The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for students regarding

the privacy of their educational record. While parents/guardians/spouses/ and others may have an interest in the student's record, access to or release of the educational record is only permitted if the student has written consent. Students may choose to complete and submit this form to the Office of the Registrar to allow access or release of their educational record. Students may choose to deny access to or release of their educational record to previously approved individuals. Name of Student (Print) Student I.D. Number I, therefore, request the following information be released/be denied to the following person/persons: Circle one Circle one of the following: Complete Student Record Education Record Only Financial Record Only Name (Print) Date of Birth Relationship to Student **Mailing Address** State City Zip I, therefore, request the following information be released/be denied to the following person/persons: Circle one Circle one of the following: Complete Student Record Education Record Only Financial Record Only Name (Print) Date of Birth Relationship to Student **Mailing Address** City State Zip I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, using the same form.

Date