



FERPA International Student Authorization Release Form

I understand that under the provision of the Family Educational Rights and Privacy Act (FERPA) of 1974, my records at San Ignacio University will not be released to a third party without my approval. I hereby give permission to authorized personnel at San Ignacio University to release these records upon my request. (Please check all that apply):

- Academic Records (academic progress, grade reports, transcripts)
- Admission Records (admission decision, scholarships)
- Student Accounts (billing, payments, account balances)
- Other Student Records (may include student conduct, judicial records, ADA, etc.). Please specify: _____

Name of individual(s) to whom information may be released: (Please Print)

Name(s): _____ Relationship: _____

Address: _____

City, State, Zip Code: _____

The purpose of this disclosure is: _____

Name(s): _____ Relationship: _____

Address: _____

City, State, Zip Code: _____

The purpose of this disclosure is: _____

Please honor requests for my records by those individuals / parties identified above. I acknowledge by my signature that I understand, although I am not required to release my Records to these individual(s), I am giving San Ignacio University my consent to release the information. I understand this release remains in effect until such time as I choose to revoke this permission in writing.

Please revoke the FERPA Student Authorization Release Form on file at San Ignacio University (will revoke all access to third parties).

Student Name: _____

Student ID#: _____

Student Signature: _____ Date: _____

Return completed form to: Registrar's office

Processed by : _____ **Date:** _____