



FERPA STUDENT AUTHORIZATION FORM

JOHN CABOT UNIVERSITY

DATE, ____/____/20____

I, _____ **understand** that under the provision of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, my records at John Cabot University will not be released to a third party without my approval. I hereby give permission to authorized personnel at John Cabot University to release these records upon request:

Academic Records (includes grade reports)

Student Accounts

Financial Assistance

Housing Issues

Student Development / Conduct

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 my consent to release the information. I understand that this release remains in effect until I revoke this permission in writing. I also understand that if I am under 18 years old, JCU can disclose such information to parents and legal guardians regardless of consent.

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

Please add or remove the above to/from the FERPA Release Form on file at JCU.

Student Signature: _____

THIS FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE