



# 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**