

AUTHORIZATION FOR RELEASE OF INFORMATION

In accordance with The Federal Family Educational Rights and Privacy Act (FERPA), the University of Redlands will not release student records, including to a parent, without student consent or proof of dependency, or as listed in the University's FERPA/Privacy Policies. A student may give permission for the University to release student record information to a person by completing this form.

DATE:	NAME OF STUDENT (Last, First, Middle Initial):	Student ID Number:	Telephone Number:
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Please Select Either FULL or LIMITED

<input type="checkbox"/> Consent for FULL ACCESS to Educational Records: Academic*, Financial Aid, and Student Account Records. (Full access does not give authority to make changes to the student's educational record.)	Consent for LIMITED ACCESS to Educational Records: (Limited access does not give authority to make changes to the student's educational record.) <input type="checkbox"/> Only Academic Records* <input type="checkbox"/> Only Financial Aid Records <input type="checkbox"/> Only Student Account Records <input type="checkbox"/> The following specific information or records:
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<OR>

Please select only ONE of the three options: A, B, or C.

- A. Annual Use: This authorization will remain in effect for one academic year.
- B. One Time Use: This authorization can be used only once (specify in purpose below).
- C. Limited Use: This authorization expires on _____

Purpose for the authorization for release of information (if for one time or limited use): _____

Name of individual(s) or agency to whom access to records may be provided:

Person/Agency Name	Relationship	Phone
Person/Agency 1: Name	Relationship	Phone
Person/Agency 2: Name	Relationship	Phone
Person/Agency 3: Name	Relationship	Phone

Please Note: Counseling Center and Health Center are considered medical records and are covered under California Confidentiality and Privacy laws. A separate consent form must be obtained from these departments. Student Life Conduct Records will not be released without additional authorization by the student.

I understand that my records are protected under the Family Educational Rights and Privacy Act of 1974 and may not be released without my written consent or by permitted exception under the Act. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure and limited to the person(s) I have identified above. I certify that my consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the Registrar's office. This authorization is good from the date I sign this release until the end of this academic year, unless noted differently above.

_____ Student Signature _____ Date _____

Office Use Only

Entered BIO _____ Entered STRK _____ Recv'd by Reg Office _____