FERPA STUDENT AUTHORIZATION RELEASE FORM



| I. STUDENT INFORMATION | |
|------------------------|-------------|
| Student Name: | Student ID: |
| | |
| II DECLIESTADDECADAS | |

I understand that under the provision of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, my record

For Office of Student Records Use Only

Processed by: _____ Date:_____