AZUSA PACIFIC UNIVERSITY

F.E.R.P.A. Information Release Consent Form

FE

2008-2009

Please complete all sections using BLACK INK.

APU ID # (If known) _____-_____-_____ **Social Security Number** _____-_____-_____

Student Name _____ _____ _____

Last *First* *Middle Initial*

The Family Education Rights and Privacy Act of 1976 as amended (more commonly known as the Buckley Amendment) and contained in the Code of Federal Regulations (34 CFR 99, subpart D99.30) requires a written and dated consent from the student before disclosing personally identifiable information from the student's education records to a third party.

Section A – Please check only one Box in this section

❒ **Information Release Consent**

I give my permission to provide any information from my education records beyond that considered "directory information" to the people I list below. **This Information Release Consent must be renewed each academic year.** This can include, but is not limited to, discussion with campus personnel regarding course work in progress, financial aid and student account information, tuition and fee status and copies of other information from my educational record. I understand that this Information Release Consent approval will be active unless I revoke this permission in writing. I understand that these individuals will need to supply my name and student I.D. number or social security number before any information will be release to them.

_____ _____
Name (First, Middle, Last) Relationship

_____ _____
Name (First, Middle, Last) Relationship

_____ _____
Name (First, Middle, Last) Relationship

_____ _____
Name (First, Middle, Last) Relationship

❒ **Confidentiality Statement**

I do not wish to have my personally identifiable information released to anyone but myself.

Section B – Information Release Correction or Additions

Checking a box in this section will allow you to correct, replace, or add to previous F.E.R.P.A. forms that have been submitted to the Graduate Student Financial Services Office at Azusa Pacific University. You must complete section A if you check a box in this section.

❒ This information **replaces** what I have submitted on all previous F.E.R.P.A. Forms.

❒ This information is in **addition** to what I have submitted on all previous F.E.R.P.A. Forms.

By signing this form, I agree that university personnel may provide any information from my education records beyond that considered "directory information" to the people I have listed above. This can include, but is not limited to, discussion with campus personnel regarding course work in progress, financial aid and student account information, tuition and fee status, and copies of other information from my educational record. I understand that this Information Release Consent approval will be active unless I revoke this permission in writing.

_____ _____/_____/_____

Student Signature **Date**

MAILING ADDRESS
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