

FERPA Authorization to Release Student Educational Information Form

Office of Admission and Records
160 East Tenth Street, Claremont, CA 91711 • Ph. (909) 607-9448 • Fax (909) 607-7285

This form can be submitted to the Office of Admission and Records in the situation that you (a student/former student) wish to authorize CGU to disclose any part of your academic record to the person(s) or agency named below.

Typically, our office releases Directory Information without a student's consent. Directory Information is: a student's name, CGU email address, degree/certificate program of study, concentration of study, dates of attendance, any degrees or certificates received and conferral date. To grant CGU permission **to release additional information** complete this form.

Student Information:

Last Name: _____ First Name: _____

(if known) CGU ID #254 - _____

Academic Department: _____ Degree Program: _____

Please check (✓) I am a: _____ Current student - OR - _____ Former student / alumnus/a.

I agree to waive my rights under FERPA and allow the person(s) named below to access my financial and/or academic records:

The following information: Please check (✓)

_____ All educational records, (GPA, hours, grades, etc.)
 _____ Financial records, (scholarships, financial aid, grants, loans, billing information, 1098 Tax information, etc.)
 _____ Other, _____

For the specified duration: Please check (✓)

_____ One semester _____ Semester / Year
 _____ One year _____ Indicate timeframe
 _____ Until Graduation

For the purpose of: (e.g, scholarship/donor reporting, press releases, biographies for academic department, etc. Please print purpose here.) _____

Party to release information to:

CGU department: _____

Last Name: _____

First Name: _____

Relationship (if applicable) _____

Phone Number _____

Address / city / state/ zip / country _____

By signing this form, I understand the above information will be released with my full consent to the party indicated; this authorization remains in effect for the time specified. I further understand that I can revoke this authorization at any time by notifying CGU in writing.

✍ **Student's Signature:** _____

Date: _____

For processing

Date Received: _____

Processed (stamp): _____