

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. 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:
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:	
<OR>			
Please select only ONE of the three options: A, B, or C.			
A. <input type="checkbox"/> Long Term Use: This authorization will remain continuously in effect until I withdraw this authorization in writing or am no longer a student at the University of Redlands.			
B. <input type="checkbox"/> One Time Use: This authorization can be used only once (specify in purpose below).			
C. <input type="checkbox"/> 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 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>*If consent to access Academic Records is given, Semester Grade Reports will only be sent out upon receiving a written request at the end of each semester.</i>			
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. 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 as long as I remain a student from the date I sign this release, unless noted differently above. The person and or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release.			
_____ Student Signature		_____ Date	

Office Use Only

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