

Consent to Release Educational Records to Third Party

21-Mar-2011

Student Name: _____ I# _____

As a student of BYU–Idaho I authorize the University to release my student education records/information to the following person(s):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

The University is authorized to release only the following information. Student authorization is indicated by the student’s initials and date for each type of information to be released.

	Student Initials	Date Authorized
All Student Education Records (listed below)	_____	_____
Academic Standing	_____	_____
Registration	_____	_____
Transcript	_____	_____
Grade(s) Information	_____	_____
Class Schedule	_____	_____
Withdrawal from University/Coursework	_____	_____
Graduation Status	_____	_____
Degree Requirements	_____	_____
Username (log in information)	_____	_____
Other (please specify) _____	_____	_____
Other (please specify) _____	_____	_____

Authorization Statement

I hereby authorize BYU–Idaho to release the indicated information to the designated person(s) listed on this release. This authorization is considered valid until the following date or time: _____. All other non-directory information is not authorized for release. Further, subsequent submission of a *Request to Withhold Directory Information* form by the student will render this release null and void.

Signature of Student* _____
Date Signed

*Student must present a picture ID and sign this form in the presence of a BYU–Idaho Student Records and Registration (SR&R) employee.

Signature of BYU–Idaho SR&R Employee _____
Date Signed

* This form can also be signed in the presence of a notary (below) in the event that the student cannot sign in SR&R.

STATE OF _____)
SS.
COUNTY OF _____)

On this ____ day of _____, 20____, before me, a Notary Public in and for said State, personally appeared _____, known or identified to me to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same.

Notary Public of the State of _____
Residing at:
Commission Expires: