



FERPA RELEASE OF INFORMATION

Student Name (print clearly)

Student ID

Student Signature for Release of Information

Date of Signature

I am giving my permission to Siena Heights University for the release the following information to the identified individual stated below:

____ Grades/Transcripts

____ Schedule

____ Billing statements

____ Copies of assignments

____ Financial Aid information

____ Other _____

____ Disciplinary Information and Action

Release the above information to:

Name: _____

Address _____

Phone Number _____

Relationship to student: _____

If the above person requests information concerning your records, that person will need to mention that we have a signed release from you, on file at the Registrar's Office. **This release will be good for one year.**

This release is good for one year. After the age of 18, any request for FERPA protected information must be approved by the student. The student's signature is required for release of all FERPA protected information. The student will need to state the name of the party that the information is to be released to and the information that may be disclosed. Any person requesting information from a student's file must present a written release from the student or present a legal power of attorney for the student. This documentation must be presented to the Registrar's Office.

Access to student records in the University's computer system is restricted. Only the student and certain university employees with a legitimate educational interest have access to those records.

This form will be distributed to the student's advisor, Financial Aid, Business Office, and the appropriate dean or division chairperson. The original form will be retained by the Office of the Registrar.