

Authorization to Release Educational Information

The Family Educational Rights and Privacy Act (FERPA) bars an educational institution from releasing confidential information about a student—including information about and assessments of her or his academic performance—without the student’s express written consent. You may waive this right by completing this form.

To: Creighton College of Arts and Sciences
Department or Representative(s): _____

Student’s Name (print): _____
First Middle Last

Creighton ID Number: _____

The Department or Representative(s) named above have my consent to release information from my educational record to the Recipient(s) indicated below for the purposes set forth below.

Student Signature: _____ **Date:** _____

Recipient or Class of Recipients: _____

Recipient’s Address: _____

Records to be released (specify): _____

- Purpose:**
- In order to discuss my progress with my parent(s)
 - In order to write a letter of reference on my behalf
 - Other (specify) _____

[This section to be completed by the record maintenance official]

Access granted or information supplied: Yes No

Comments: _____

Date: _____ Signature: _____

**One copy to be retained in the student’s file, and a second to be given
to the student for her/his records**