



FERPA Release of Information

Resurrection University
Office of the Registrar
1431 N. Claremont Ave
Chicago, IL 60622

First Name	Last Name	Student ID# or Last 4 of SSN	Date of Birth

The Family Educational Rights and Privacy Act (FERPA) provides certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar allowing the release of their education records to specified third parties. For additional information, visit the US Department of Education's website at <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

Instructions for completing this form:

1. The form must be fully completed and signed by the student in person at the Office of the Registrar with proper identification. Records cannot be released if any Section of this form is not filled out entirely.
2. Persons who receive access to student records must provide appropriate identification in person. Privacy regulations prohibit the release of certain information on the telephone.
3. To revoke a prior approval, complete and sign the Revocation sections at the bottom of this page.

A. Education records to be released (select only one):

- Academic Information (grades/GPA, registration, student ID number, academic progress, enrollment status)
- Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress)
- Loan Information (University-maintained loan disbursements, billing and repayment history)
- Student Account Information (billing statements, charges, credits, payments, past due amounts, collection)
- All Records Listed Above

B. Person to whom access to education records may be provided:

Name of person to whom your records may be released (note: use an additional form for each person granted)

Relationship to Student

C. Duration of release (check one):

- One-time use: This authorization can be used only once
- Term-based: This authorization is active only for the current academic term: _____
- Open-ended: This authorization is active until revoked in writing by the student.

Authorization and Signature (required for all submitted forms):

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) If selected, my choice to revoke this consent via this form will be applicable.

Student Signature

Date

Revocation (complete only if removing access):

- I choose to revoke previously granted Consent to Release of Student Reports for the individual listed in Section B effective the date signed here.

Student Signature

Date

Office Use Only:	
Processed by: _____	Date: _____