

Authorization to Release Information (FERPA RELEASE)

Students Name (Print Name)

First _____ Middle _____ Last _____

In accordance with the Family Educational and Privacy Act of 1974 (FERPA), I, the undersigned, hereby authorize Chowan University to Release the following information from my educational record:

1. Student Conduct Information
2. Grades
3. Academic Standing

If you wish for information to be released, please list those name(s) below.

Name: _____
Address: _____ _____
Relationship to Student: _____

Name: _____
Address: _____ _____
Relationship to Student: _____

Name: _____
Address: _____ _____
Relationship to Student: _____

Name: _____
Address: _____ _____
Relationship to Student: _____

I understand that (1) I have the right not to consent to the release of my educational records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until I revoke by me in writing, and delivered to the Department of Student Affairs at Chowan University.

Signed this _____ day of _____, 201____.

Date

Month

Year

Signature of Student

Emergency Contact Information:

Student Contact Information:

Name: _____ Mobile Number: _____ Provider: _____
First Last MI Verizon, Sprint, etc

Permanent Address: _____

Father/Guardian Information

Name: _____ Preferred Phone Number: _____
First Last MI

Home Phone Number: _____ Work Phone Number: _____

Mother/Guardian Information

Name: _____ Preferred Phone Number: _____
First Last MI

Home Phone Number: _____ Work Phone Number: _____