

Authorization for Release of Information from Educational Record

Office of the University Registrar
1100 E. 5th St., Anderson, IN 46012-3495
Phone: 765.641.4165 Fax: 765.641.3015



The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for students regarding the privacy of their educational record. While parents, guardians, spouses, and others may have an interest in the student's record, access to or release of the educational record is only by written student consent. Students may choose to complete and submit this "FERPA Release Form" to the Office of the University Registrar to allow access or release of their educational record. Further details about FERPA are provided on the University Registrar's Office website: <http://www.anderson.edu/registrar/ferpa.html>

Students, please read the following consent form carefully and then indicate whether AU may share information from your educational record with your parent(s) and/or guardian(s).

Name _____ Student ID _____

Please check the appropriate box:

I hereby authorize AU to release information from my educational record to the following individual(s) upon request:

Printed: _____
NAME RELATIONSHIP

Printed: _____
NAME RELATIONSHIP

Printed: _____
NAME RELATIONSHIP

I do not authorize AU to release information from my educational record.

Student Signature _____ Date _____

This authorization will remain in effect until written notification canceling this authorization is received in the Office of the University Registrar from the above-signed student.