

# FERPA Authorization to Release Information from Student Education Records

Registrar's Office  
160 East Tenth Street, Claremont, CA 91711 • Ph. (909) 621-8285 • Fax (909) 607-7285

Per the federal Family Educational Rights and Privacy Act (FERPA), the written authorization of a student is required to disclose the student's non-directory information to any third party. Third parties are entities other than the recordkeeper and the student. A fee of \$.50 per page is charged for documents that must be photocopied.

Please note that certain information, defined as directory information, can be released without the prior consent of the student. Refer to the CGU Student Privacy (FERPA) policy, available from the registrar's website, for complete information.

## STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

(if known) CGU ID #254— \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Academic Department \_\_\_\_\_ Degree Program \_\_\_\_\_

I am a \_\_\_\_\_ Current student - **OR** - \_\_\_\_\_ Former student / alumnus/a and hereby authorize the release of the information specified below for the period of time indicated, unless revoked by me in writing.

### Information to be released

\_\_\_\_\_ All educational records, (GPA, grades, hours, publications accomplishments, awards, etc. )

\_\_\_\_\_ Fellowship/Grant award information

\_\_\_\_\_ My photo

\_\_\_\_\_ Other \_\_\_\_\_

### Duration of this Authorization

\_\_\_\_\_ Until Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Until I graduate or leave CGU

### Purpose of this Authorization— Please check all that apply.

Donor Reporting  Grant Reporting  Press Release  Marketing Materials  Insurance/Benefits Reporting

Sponsor/Employer Reporting  Other \_\_\_\_\_

## RECIPIENT OF AUTHORIZED DISCLOSURE

Organization \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

By signing this form, I authorize Claremont Graduate University (CGU) to release and disclose information from my education records as specified. This authorization remains in effect as specified or until I revoke this authorization by notifying CGU in writing.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_