

ROOSEVELT UNIVERSITY

Office of the Registrar

Authorization to Release Educational Records

For Academic Year: _____
Valid for one academic year

I, _____ Student ID#: _____
Student's name-please print

Hereby give my permission to release **any** and **all** information related to my:

- Tuition/Account
- Academic Record and/or
- Other information (please specify):

To: _____

Name: _____

Institution: _____

Address: _____

Student's Phone #: hm (____) _____ wk (____) _____

Family Education Rights and Privacy Act (FERPA):

The purpose of The Family Education Rights and Privacy Act of 1974 is to assure all students, including those attending an institution of postsecondary education, access to their educational records and to protect such individuals' right to privacy by limiting the transferability of their records without their consent. Roosevelt University supports this act and will not release non directory information to the public and others who request it unless the University has a valid Waiver Release Form on file noting the record (s) to be released and to whom. The University recognizes and complies with the exceptions listed in 99.31 of the Act. Directory Information used by Roosevelt University is as follows: student name, dates of enrollment, area of academic concentration and diploma or degree awarded, academic achievements such as Dean's list, and achievements in Campus organizations.

The University Registrar monitors the access to academic records. Please submit this form to the Office of the Registrar of either Campus.

Student's signature

Date