ROOSEVELT UNIVERSITY

STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS

OFFICE OF THE REGISTRAR, OFFICE OF ADMISSION, OFFICE OF FINANCIAL AID, OFFICE OF STUDENT ACCOUNTS

Name of Student (Last, First, Middle Initial):	Student ID:	Date: MM/DD/YY

The Family Educational Rights and Privacy Act (FERPA) affords 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 Office of the Registrar allowing the release of their education records to specified third parties. Please note that while this form authorizes Roosevelt University to release education records to third parties, it does not obligate Roosevelt University to do so. Roosevelt University reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the U.S. Department of Education's website at www.ed.gov.

SECTION A. Education records and/or information to be released (check all that apply):

☐ **Academic Information** (grades, GPA, registration, student ID number, academic progress, and enrollment status)

☐ **Financial Aid Information** (awards, application data, disbursement, eligibility, financial aid academic progress status)

☐ **Student Account Information** (billing statements, charges, credits, payments, past due amounts, collection activity, University-maintained loan disbursement, billing and repayment history, including credit reporting history)

☐ **All Information Listed Above**

☐ **Other (Please specify):** _____

SECTION B. Person(s) to whom access to education records may be provided:

Name(s)/Agencies (Use one form per person/agency): _____

Address(es) of person(s)/agency to whom access to records may be provided: _____

_____

Relationship to student: _____

SECTION C. Duration of release (check one):

☐ **One-Time Use:** This authorization can be used only once.

☐ **Limited Use:** This authorization expires on: _____

☐ **Cancel all previous releases of information.**

SECTION D. Purpose of release (check one):

☐ **Family Communications**

☐ **Employment**

☐ **Admission to an Educational Institution**

☐ **Other (Please specify):** _____

I understand that (1) I have the right not to consent to the release of my educational records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) I have a right to revoke this consent at any time by delivering a written revocation to the Office of the Registrar.

_____ _____

Student's Signature **Date (MM/DD/YY)** **Signature of Parent or Guardian (if under 18)** **Date (MM/DD/YY)**

Instructions for completing this form: 1. The form must be fully completed and signed by the student. Records cannot be released if any section of this form is not filled out entirely. 2. To revoke all previous releases of information complete the Name, ID, Date, Section C fields and the Signature Section. 3. Completed forms are submitted to the Office of the Registrar at either campus or mailed to Office of the Registrar, Roosevelt University, 430 S. Michigan Ave., Chicago, IL 60605. Questions about this form may be directed to the Office of the Registrar at (312) 341-3535 or (847) 619-7950.

For Office Use Only: Date entered _____