

**AUTHORIZATION FOR RELEASE OF
 CONFIDENTIAL INFORMATION TO A THIRD PARTY**

Please return completed form to the Office of the Registrar, LOWNIK 103

(This form is NOT to be used to authorize the release of information to parents)

(To be completed annually)

PRINT Student's Name	Student ID Number
Permanent Street Address	City State Zip Code

Please check:

Academic

Financial

The Family Educational Rights and Privacy Act (FERPA) protects the confidentiality of personally identifiable information about students in any education records maintained by the University. Aside from a limited number of exceptions, Benedictine University will not disclose personally identifiable information to anyone but the student without his/her written permission. By signing below, you authorize Benedictine University to discuss all aspects of listed information with the individuals named in this Release. This authorization will remain in effect for the current school year or until you revoke it in writing.

Please print.

Name/Relationship	Name/Relationship
Address	Address
City, State, Zip	City, State, Zip
Telephone	Telephone

I allow the disclosure of any personally identifiable information from my education records to the person(s) named above, for reasons determined by **Benedictine University** as appropriate. This authorization will remain in effect for the current academic year only or until I revoke it in writing.

SIGNED: _____ **Date:** _____
At this time, all signatures, where required, must be hand-written on the form

**I wish to revoke the above Authorization for the
 Release of Confidential Information effective immediately.**

Student's Signature	Date
<i>*At this time, all signatures, where required, must be hand-written on the form*</i>	