

Authorization for Release of Confidential Information to a Third Party

NOTE: Submit this Authorization form to the Registrar's Office, Benedictine University
(This form is not to be used to authorize the release of information to parents)

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

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.

I hereby authorize Benedictine University to release the following personally identifiable information from my education records:

This information may be released to the following individuals upon their specific request:

Print Names and Addresses	Purpose of Disclosure
_____	_____
_____	_____
_____	_____
_____	_____

Signed:

Student's Signature _____ Date _____

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

Student's Signature _____ Date _____

