



AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION TO A THIRD PARTY

Please return this completed form to the Registrars@ben.edu from your BenU email address.

(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 _____
Street Address _____ City _____ State _____ Zip Code _____

Please check all that
apply:

☐ 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: _____

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

Student's Signature

Date