

AUTHORIZATION TO RELEASE INFORMATION

Student Consent for Education Records to be released to Parent(s), Legal Guardian(s), Other Tuition Provider(s), or Other Indicated Individual(s):

Student's Name:

Parker ID# (or SS#)

PLEASE READ:

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Parker University and its representatives in Higher Education to disclose the information specified below to the following individual(s) or agency(ies):

Name: _____

Name: _____

Name: _____

Name: _____

This consent shall be valid throughout the student's enrollment at Parker University and thereafter but may be modified or rescinded in writing by the student. The parent(s), legal guardian(s), tuitions provider(s), or other indicated individual(s) agree that they shall not disclose the specified information to third parties without the student's authorization.

INFORMATION TO BE RELEASED:

The following information from my records at Parker University may be released to the above-specified persons:

_____ Grades and academic standing

_____ Academic Information

_____ Discipline records

_____ Tuition and fees status

_____ Other, please **SPECIFY:** _____

_____ All records or information

I have read and understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974.

Student's Signature:

Date:
