

In accordance with regulations contained within the Family Educational Rights and Privacy Act, Chapman University will disclose to designate parties information from the educational records of a student, provided the University has on file written consent by the student.

STUDENT, please sign this form and return to the Registrar's Office if you consent to the release of your educational records to such parties you designate below.



I hereby authorize Chapman University school officials to release my educational records to the following (if the release is for specific records they are listed below):

Name

Name

Name

This release does not permit the disclosure of these records to any other persons or entities without my written consent unless specifically allowed for within **FERPA** regulations. I understand that I may revoke this authorization at any time.

Student's Printed Name

Date

Student's Signature

Student ID Number

Specific Records To Release (if all records may be released, indicate by saying "Any Educational Records Requested"): _____
