



### REQUEST TO RELEASE INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that prohibits Arcadia University from disclosing any information from your educational records without your written consent, except to personnel within the University, to officials of other institutions in which you seek to enroll, to persons or organizations providing you with financial aid, to accrediting agencies carrying out their accreditation function, to persons in compliance with a judicial order, and to persons in an emergency in order to protect the health or safety of yourself or other persons. This form serves as written consent when properly completed.

I, \_\_\_\_\_, \_\_\_\_\_  
(Student Name) (Student ID)

authorize to release information only to the following persons or entities:

Name of Party	Relationship
_____	_____
_____	_____

Single Use \_\_\_\_\_ Continuous Use \_\_\_\_\_

The following information may be released:

I request the party/parties listed to have access to all of my education records. This includes information on academic standing/course grades, mid-term evaluations, class schedule, courses dropped/added, advising notes, course recommendations, utilization of campus resources, remaining curriculum requirements, and testing and assessment data (placement tests, career assessment results)

I request the party/parties listed to have access only to the following education records:

\_\_\_\_\_  
\_\_\_\_\_

I understand that I have the right **not** to consent to the release of my education records and that I have the right to revoke this release of information at any time. I understand that this release will remain in effect until the day of my graduation from Arcadia, unless I specify otherwise in writing.

\_\_\_\_\_  
(Student's Signature) (Date)