



## FERPA RELEASE FORM ACADEMIC RECORDS

The Family Rights and Privacy Act of 1974 (FERPA) provides for the confidentiality of student educational records at Fairfield University. Fairfield University may not disclose information in a student's educational records to anyone without the permission of the student, unless disclosure is permitted by an exception set forth in FERPA, 20 U.S.C.A., Sec. 1232 et seq. By completing and signing this form, you the student are granting permission to Fairfield University officials to disclose and/or discuss the contents of your **academic records**, which includes grade reports, transcripts, registration and graduation records.

**My academic records may be released to the following individual(s) and/or organization(s):**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Relationship/Organization Mailing Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Relationship/Organization Mailing Address

**This release will remain in effect as follows (please initial one of the following options):**

\_\_\_\_\_ Option 1 – This release is a one time release only

\_\_\_\_\_ Option 2 – This release will remain in effect from \_\_\_\_\_ (mo/day/year) to \_\_\_\_\_ (mo/day/year)

\_\_\_\_\_ Option 3 – This release will remain in effect for one year (12 months) from the date of my signature below, unless I revoke such consent in writing, which I may do at any time.

By signing below, I acknowledge that I understand that I am not required to release my records to anyone. I am freely giving my consent to release the information in the manner described above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print your name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student ID #**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Phone Number**

Please return the signed FERPA form to the Academic Dean and/or the Registrar.