

# Student Information Release

Under the provisions of the Family Education Rights and Privacy Act of 1974, students have the right to allow or deny GCU to disclose student education records, either academic or financial. By completing this form, you are requesting GCU to disclose personally identifiable information relating to your education record to a specific third party. Third party requests without a completed Student Information Release Form will not be fulfilled. All fields on this form must be completed in order to be processed. If you are a direct bill student, it is imperative that you list the employer/organization as an entity to which GCU may release your academic/financial information.

*FERPA releases are good for one calendar year from the date of signature.*

## Student Information: *(please type or print clearly)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Maiden/Former Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country *(if not U.S.)* \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Reason for Release:

- |   |  |
|---|--|
| <input type="checkbox"/> State Licensure/Organization | <input type="checkbox"/> Military                      |
| <input type="checkbox"/> Direct Bill Organization     | <input type="checkbox"/> Parent/Guardian               |
| <input type="checkbox"/> Spouse                       | <input type="checkbox"/> Other (please explain): _____ |

## Information to be Released:

Academic Record including (grades, class, credits earned, etc.) \_\_\_\_\_

Financial Information including (financial aid, billing, etc.) \_\_\_\_\_

## Third Party Release:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Title \_\_\_\_\_ Company \_\_\_\_\_ Work Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

*Note: Third party must be able to provide verification of identity when requesting information by providing the third party password. This password is a confidential code between you and your third party. Please be sure not to share this password with anyone else. The password cannot be your name, address, phone number or username. Password: \_\_\_\_\_*

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please fax this completed form to 877-272-2849*

# Student Information Release Addendum

## *Federal Education Rights and Privacy Act (FERPA)*

In the event that a student is unable to provide verbal confirmation of the information provided on the student information release form, he or she may provide proof of identity through the witness of a notary public. This addendum must be notarized and faxed with the FERPA form to 1-877-272-2849.

### **Student Information:** *(please type or print clearly)*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Maiden/Former Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country *(if not U.S.)* \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Social Security Number \_\_\_\_\_

### **Notarize Below**

State of \_\_\_\_\_ County of \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose signature is subscribed to the foregoing FERPA release, who, after being duly sworn, testified that he or she signed the release for the purposes and consideration therein stated.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_ Residing at \_\_\_\_\_

