



STUDENT INFORMATION RELEASE (FERPA)

This authorization form may be used to release confidential, Non-Directory Information (any information not listed below, i.e., grades, financial account information, etc.) to specific individuals. ****PLEASE NOTE: This form cannot be used to request transcripts.****

**** A verbal FERPA password will be required upon inquiry!** (See below)**

IMPORTANT: Regent University protects the confidentiality of the education records of current and former students. At its discretion, the university *may* release directory information to include: student name, address, telephone number, date and place of birth, major field of study, dates of attendance, degrees and awards received, the most recent previous educational agency or institution attended by the student, photograph and participation in officially recognized activities, when deemed appropriate. No other student information is released without your written consent. Students may withhold directory information by notifying the Registrar's Office, in writing, within two weeks of the posting of the annual notice that advises students of their rights. This policy is in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended. The full text of this policy, including procedures for inspecting and amending one's education records, is printed in the Student Handbook.

PLEASE PRINT BELOW:

Name: _____

Student ID #: _____ Date of Birth: _____

Regent Program/Major: _____

Email Address: _____

I hereby grant Regent University representatives and employees permission to release information about my academic progress, student conduct, and financial affairs to the following persons.

Please print the information below as show in the example and indicate whether you are adding or deleting someone. If neither is checked, those persons listed will be added. **No one will be deleted unless specifically indicated by a check in the correct place below.**

| | | | | |
|---|---------------------------------|------------------------------|--|-----------------------|
| <input checked="" type="checkbox"/> Add | <input type="checkbox"/> Delete | <u>John Doe, Sr.</u> Name | <u>Parent</u> Relationship to Student | <u>Any</u> Purpose |
| <input type="checkbox"/> Add | <input type="checkbox"/> Delete | _____ Name | _____ Relationship to Student | _____ Purpose |
| <input type="checkbox"/> Add | <input type="checkbox"/> Delete | _____ Name | _____ Relationship to Student | _____ Purpose |
| <input type="checkbox"/> Add | <input type="checkbox"/> Delete | _____ Name | _____ Relationship to Student | _____ Purpose |

Please provide a FERPA password that will be required for each inquiry: _____

Signature: _____ Date: _____

Submit completed form to: Registrar's Office at registrar@regent.edu or via fax: (757) 352-4033. Or mail to: 1000 Regent University Drive, SC 218, Virginia Beach, VA 23464

Administrative Use Below:

SPACMNT Date: _____ Registrar Staff: _____

Revised Aug. 2015 (hmon)