

## FERPA AUTHORIZATION TO RELEASE INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's educational records. These confidential records may include, but are not limited to, financial aid, scholarship and fellowship and student account/billing information (the "information"). The information will not be released to anyone other than the student without written consent from the student. By signing this form, the student authorizes university personnel to release the information to the designated person(s).

Student Name \_\_\_\_\_

GSU Student ID Number: \_\_\_\_\_

I hereby authorize Governors State University to disclose the following education records and/or information (check all that apply):

**All Financial Aid Records** (records include: status of file, award and disbursement of funds information, satisfactory Academic Progress status, income information; and any other information contained in the application or financial aid file)

**All Academic/Transcript Records** (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records).

**All Student Account Records** (records include: amounts due for tuition and fees, sources of payment for tuition and fee, refund information, records hold information as related to library fines, financial aid repayments and any other account receivable contained in student account records).

**Other (Please Specify)** \_\_\_\_\_  
\_\_\_\_\_

List of person(s) to whom I am granting authorization to receive the above mentioned information from representatives of Governors State University:

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

I understand that anyone requesting information about my account must provide the full student ID number at the time they are making their request in order for any information to be released.

**This authorization will remain in effect until a new authorization form is received from the student. To add, delete or change authorized person, you MUST complete a new form.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

