

Consent for Release of Student Information Form

In compliance with Public Law 93-380, "The Family Educational Rights and Privacy Act" (FERPA), which is Section 438 of the General Education Provision Act, VIU has adopted policies and procedures that permit students the opportunity to view their educational records upon request. Disclosure of a student's confidential records requires prior written consent of the student. Please submit this form to Registrar's Office.

I, _____ **Student ID:** _____
 First Middle Last
Birth Date: _____

hereby authorize Virginia International University to release the following information about me:

- All academic records (admission, attendance, registration/enrollment, grades, GPA, academic standing, graduation/degree)
- All accounting information
- Financial Aid Records (Financial aid award and disbursement information, satisfactory academic progress, financial aid file status, financial aid application form, and any other documents maintained within the student's financial aid file)

OR only these specific items (check individual items):

ACADEMIC:

- | | | | |
|------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Admission | <input type="checkbox"/> Attendance | <input type="checkbox"/> Registration/Enrollment | <input type="checkbox"/> Academic Standing |
| <input type="checkbox"/> Grades | <input type="checkbox"/> GPA | <input type="checkbox"/> Graduation/Degree | <input type="checkbox"/> Other |

To the following individual (s) upon their request:

1. _____
 (Print Name) (Relationship to Student)

Address _____ **Email** _____

2. _____
 (Print Name) (Relationship to Student)

Address _____ **Email** _____

Duration of Release (please check one)

- Use until I complete a new release
- One time use: This release can only be used once

Purpose of Release

- | | |
|---|--|
| <input type="checkbox"/> Family Communication | <input type="checkbox"/> Admission to an Educational Institution |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Other (please specify): _____ |

I understand that this information is considered a student education record. Further, I understand that by signing this release, I am waiving my right to keep this information confidential under the Family Educational Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information release under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form. **The authorization on this form will supersede all prior authorizations for release of my information.**

I wish to revoke all consent for release of information.

Student's Signature: _____ **Date:** _____

Office Use Only			
Date Received: _____	By: _____	Date Processed: _____	By: _____
Rev: 08/2016 Reg			