

CONSENT TO RELEASE CONFIDENTIAL INFORMATION: ONGOING RELEASE

Marylhurst University, in compliance with The Family Education Rights and Privacy Act of 1974 (FERPA), requires written consent of students before releasing protected information from their records. To consent to the release of confidential information to a third party, you must complete this form and return it to the Office of the Registrar. All information is required.

This release remains in effect until the student graduates from the university, ceases to maintain active student status, or revokes the release in writing.

Student Name _____	Student ID # _____
Action Requested	
<input type="checkbox"/> Give consent to release confidential information to the party or parties listed below. (Note: This release overrides any previous release submitted and will remain valid until revoked by the student in writing.)	
<input type="checkbox"/> Revoke consent to release confidential information to party or parties listed below.	
Party or Parties to Whom the Records Should Be Released / Authorized Contact Information	
Person or agency (full name): _____	
Relationship to student: _____	
Address: _____	
Fax: _____	Email: _____
Person or agency (full name): _____	
Relationship to student: _____	
Address: _____	
Fax: _____	Email: _____
Records to be Released	
<input type="checkbox"/> Any education record maintained by Marylhurst University (including but not limited to course schedule, grades, financial records, and disciplinary records) as requested by the party or parties listed above.	
<input type="checkbox"/> Other: Specify in detail _____ _____	
Reason for Request	

FERPA Code	
Information will be disclosed to the party or parties indicated above only after they initiate a request and provide the FERPA Code listed here. The code may be a single word or a short phrase up to 20 characters.	
FERPA Code (please print clearly): _____	
Authorization	
I give permission for Marylhurst University to release information from my education record as specified above.	
Student Signature _____	Date _____

Registrar _____ Date _____