



Registrar's Office
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**RELEASE OF INFORMATION
FOR SPECIFIED DATE**

Student Name: _____ **Student ID:** _____

George Fox 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 academic records.

This form should be used when a student plans to meet with a GFU official(s) and wishes a third party (such as a parent, child, classmate, etc.) to be present. Due to the potential for confidential information to be discussed the student must sign this form to allow for release of confidential information to this third party. This release is for a specific date only.

Please indicate the party or parties authorized access to your confidential information:

Person (full name) _____

Person (full name) _____

Person (full name) _____

Records to be Released:

- Any academic component of the education record maintained by George Fox University (including, but not limited to course schedule, grades, unofficial transcript)
- Campus lifestyle agreement
- Housing information
- Discipline records
- Other: Specify in detail

Date for Which This Authorization is Valid: _____

Authorization

I give permission for George Fox University to release information from my academic education record as specified above.

Student signature: _____ Date: _____