



**Registrar's Office**  
414 N. Meridian St. #6189  
Newberg, OR 97132  
T: 503-554-2218  
F: 503-554-3880

## RELEASE OF INFORMATION

**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. To consent to the release of confidential information to a third party, you must complete this form and return it to the Registrar's Office. 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.

### Action Requested

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

Revoke consent to release confidential information to the 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: \_\_\_\_\_

Person or agency (full name): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Person or agency (full name): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### 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) as requested by the party or parties listed above.

Other: Specify in detail

\_\_\_\_\_  
\_\_\_\_\_

### Authorization

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

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_