



Student Life Office Release of Information Form

Name: _____ Date: _____

ID#: _____ Semester: _____ Cell Phone: _____

E-mail: _____

I hereby give my permission for _____ to release the information indicated below to the following person(s):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

This request is in accordance with the Family Educational Rights and Privacy Act and covers the academic periods for the _____ academic year (valid for only one year).

Information to be released:

- Mid-semester grade report
Report of academic standing
Final schedule grade report
Class schedule
Campus lifestyle agreement
Housing information
Discipline records
Other

Signature of student: _____

Date signed: _____

This request for release of information may be rescinded at any time by a written and dated letter from the student.

For more information about this form and its intent, please contact:

Student Life | studentlife@georgefox.edu | 503-554-2310