

AUTHORIZATION TO RELEASE STUDENT EDUCATION RECORD INFORMATION

The Family Educational Rights and Privacy Act of 1974, as amended, protects the privacy of educational records, establishes the rights of students to inspect and review their educational records, and provides guidelines for the correction of inaccurate or misleading information. This release applies to the disclosure of educational records. The student authorizing the release of his/her educational records must authorize Capital University to release education record information and indicate the date on which the authorization for release will expire.

STUDENT INFORMATION

Current Name (please print): _____

Previous Name(s) (if applicable): _____

ID# or DOB: _____

AUTHORIZATION

I authorize the release of my student education record information to the following individual or organization:

1. **Name** (please print): _____

2. **Address:** _____

Street Address

City

State

Zip Code

3. **Phone:** _____ **Email:** _____

4. **Relationship to Student:** _____

5. **Date Authorization Will Expire:** _____

Student Signature: _____

Date: _____