

FERPA Release Form

The Family Educational Rights and Privacy Act



Business Office
614.947.6355

Financial Aid
614.797.4700

Registrar
614.341.6242
201 S Grant Ave.
Columbus, OH 43215

Name of Student (Last, First, Middle Initial):	Student ID:	Date:
--	-------------	-------

The Family Education Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to their education records. Students may choose to complete and submit this form to the Registrar allowing the release of their education records to specified third parties. Please note that while this form authorizes Franklin University to release education records to third parties, it does not obligate Franklin University to do so. Franklin University reserves the right to review and respond to requests for release of education records on a case-by-case basis.

AUTHORIZATION TO RELEASE EDUCATION INFORMATION

- Student Accounts - Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements collections information and debt information.
- Admission - Includes date of application program selected, documents received, documents pending, date of admission, admission status and conditions of admission.
- Registration - Includes current enrollment, dates of enrollment activity, enrollment status, semesters attended and mailing address information.
- Academic Records - Includes student schedules, grades received, GPA, academic progress, honors and transfer credit awarded.
- Financial Aid - Includes all general financial aid information.
- Student Services - Includes disciplinary proceedings, and class attendance.

PLEASE PRINT CLEARLY

(P = Parent, G = Guardian, S = Spouse, O = Other)

<input type="checkbox"/> Release to :	_____	Date of Birth:	_____	Relationship (Circle One) P G S O
<input type="checkbox"/> Release to :	_____	Date of Birth:	_____	Relationship (Circle One) P G S O
<input type="checkbox"/> Release to :	_____	Date of Birth:	_____	Relationship (Circle One) P G S O
<input type="checkbox"/> Release to :	_____	Date of Birth:	_____	Relationship (Circle One) P G S O

This authorization is valid until cancelled. To revoke this authorization/waiver, written revocation must be submitted to: Registrar's Office, Franklin University, 201 S. Grant Ave, Columbus, OH 43215.

I give permission for the Franklin University to release selected items listed above to the recipients listed above.

Student Signature: _____ Date: _____

Verified by: _____ Date: _____