CHSU
CALIFORNIA HEALTH SCIENCES UNIVERSITY

FERPA Authorization to Release Non-Directory Records

Office of the Registrar

The Family Educational Rights and Privacy Act (FERPA) is a federal statute that prevents California Health Sciences University from providing student record information (excluding directory information) to anyone but the student without the student's written authorization.

INSTRUCTIONS:
Use this form for an ongoing release that will be kept on file. Please complete this form in its entirety, then wet sign and date it before submitting to the Office of the Registrar either by email, fax or in person. This request can take 3-5 business days to process.

A. Student Information

First Name **MI** **Last Name** **SONIS Student ID Number**

B. Third-Party Information

I authorize the release of my records to the following person/institution(s):

Name:	**Name:**
Address:	**Address:**
City/State/Zip:	**City/State/Zip:**
Email:	**Email:**
Home Phone:	**Home Phone:**
Cell Phone:	**Cell Phone:**
Relationship:	**Relationship:**

C. Information to be Released

☐ Financial Aid/Billing ☐ Grades ☐ Schedule/Attendance ☐ Disciplinary Action ☐ All Non-Directory Information

☐ Other (please specify): _____

D. Certification Statement

Sign and date if providing initial authorization:

I, the undersigned, do hereby waive my rights under the Family Educational Rights and Privacy Act, and authorize California Health Sciences University to disclose the information I have marked in section C, above, to the third party(ies) listed in Section B. This authorization is effective immediately and will remain in place until rescinded. Authorization may be rescinded at any time by submitting a copy of this form with section E completed. Please make a copy of the completed form for your records.

Student Signature **Date**

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Sign and date if rescinding authorization:

I, the undersigned, rescind the prior authorization given to the third parties listed in Section B and described in Section C, effective immediately.

Student Signature **Date**

For Office of Registrar Use Only

Date Received: _____ Received By: _____ Date Processed: _____