

AUTHORIZATION TO RELEASE STUDENT EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA) grants certain rights of privacy of and access to their education records. Students may choose to complete and submit this form to the Office of the Registrar authorizing California Health Sciences University release of their education records to specified third parties. This FERPA consent form does not cover medical records, counseling or accommodation service records, held in the Office of Student Affairs. Students should contact the Office of Student Affairs for consent related to the release of those records.

STUDENT INFORMATION

 Student's Full Name

 CHSU E-mail Address

 Student ID#

Education records to be released (check all that apply):

- Academic Information** (Grades/GPA, schedules, academic standing)
- Financial Aid Information**
- Tuition and Fees Statements**
- Disciplinary Records**
- Other** (please specify): _____

Name and address of Third Party(s) to whom educational records may be released:

Name and address of Third Party(s) to whom educational records may be released:		
Name	Mailing Address	Relationship to Student
Name	Mailing Address	Relationship to Student

Duration of release (check one):

- One – Time Use:** This authorization is only applicable as of the date indicated below
- Unlimited Access:** Allow until a written revocation is obtained from the student

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Office of the Registrar.

Student's Signature: _____ Date: _____

THIS FORM MUST BE SIGNED / DATED BY THE STUDENT AND SUBMITTED TO THE OFFICE OF THE REGISTRAR

(Electronic signatures are not accepted - must be a wet signature)