FERPA Release Form

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) establishes certain rights for students regarding the privacy of their educational record. While parents/guardians/spouses/ and others may have an interest in the student's record, access to or release of the educational record is only by written student consent. In accordance with FERPA, it is Waldorf University's policy to withhold certain educational records unless the student provides consent to disclose information. The purpose of this form is to provide the consent to Waldorf University required by FERPA.

_____   _____
Last Name   First Name   Middle Initial   Student ID

_____   (_____) _____
Mailing Address   Telephone Number

_____   _____
City / State / Zip   E-mail Address

I, the undersigned, hereby authorize Waldorf University to release / discuss the specified educational records and information:

_____   _____
Student Signature   Date

This authorization is valid until cancelled. This student may cancel this release at any time by submitting another FERPA Release form to the Office of the Registrar.

AUTHORIZATION TO RELEASE EDUCATION INFORMATION

- ☐ **ALL RECORDS**   ☐ **NO RECORDS (Only to self)**   ☐ **OPT-OUT (No Directory Info Shared)**

- ☐ **Accounting** – Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collection information and debt information.

- ☐ **Admissions** – Includes date of application, program selected, documents received, documents pending, date of admission, admission status, and conditions of admissions.

- ☐ **Registration** – Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.

- ☐ **Academic Records** – Includes courses taken, grades received, (C)GPA, academic progress in course/class, SAP, honors, warnings, probations, transfer credit awards, and degrees awarded.

- ☐ **Financial Aid** – Included all financial aid information.

PLEASE PRINT CLEARLY (if address is different than above, please list address for individuals on back)
(P = Parent ; G = Guardian ; S = Spouse ; O = Other)

☐ Release to   ☐ Cancel   _____   Relationship: P G S O _____
                             Print Name   Specifics

☐ Release to   ☐ Cancel   _____   Relationship: P G S O _____
                             Print Name   Specifics

☐ Release to   ☐ Cancel   _____   Relationship: P G S O _____
                             Print Name   Specifics

☐ Release to   ☐ Cancel   _____   Relationship: P G S O _____
                             Print Name   Specifics

Waldorf University | Office of the Registrar | 106 S 6th Street | Forest City | IA | 50436-1713 |T: 641-585-8696 / 800-292-1903 | F: 641-585-8194
E-mail completed form to: www.registrar.edu

Updated: 12/2019