



CONSENT TO RELEASE EDUCATIONAL RECORDS

AUID (or SSN): _____
Student Name: _____
Address: _____
City/State/Zip: _____

Release Information to: _____
Relationship: _____

The Federal Educational Rights and Privacy Act of 1974 (**FERPA**) is a Federal law administered by the Family Compliance Office in the U.S. Department of Education. **FERPA** applies to all educational agencies and institutions who receive federal funding under any program administered by the U.S. Department of Education.

Once a student reaches 18 years of age, s/he becomes an eligible student and all rights given to parents under FERPA transfer to the student. The eligible student has the right to access his or her education records, the right to seek to have the records amended and the right to have control over the disclosure of personally identifiable information from the records. Further, an eligible student may elect to grant the disclosure of information to others providing the election is in writing from the student. An eligible student may amend, remove, or change the grant of disclosure at any time, providing the request is in writing from the student.

Information pertaining to student records is privileged and confidential information. Pursuant to eligible student information covered under the Family Educational Rights and Privacy Act of 1974 (**FERPA**) of the U.S. Department of Education, information may not be released without the eligible student's request.

I, hereby voluntarily authorize officials at Amberton University to disclose information related to my educational and related records during my official attendance to the above indicated party.

This is to attest that I am the student signing this release. I understand that the information may be released orally or in the form of copies of written records, as preferred by the requestor. This authorization will remain in effect from the date it is executed until revoked by me in writing to Amberton University.

Student Signature _____ Date _____

Amberton University Representative Name: _____ Date _____