CARLOW UNIVERSITY

# AUTHORIZATION TO RELEASE STUDENT RECORDS

In compliance with the Federal Family Education Rights and Privacy Act of 1974 on Access to and Release of Student Education Records, the University requires student permission before releasing certain information from student records to a third party, such as information on grades, schedule, on-campus living arrangements, student accounts (including billing and payment records), financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the University permission to release information about your student records, to a third party by completing this form. The information will be made available only if requested by the authorized third party and if deemed appropriate by the University. The University will **not** automatically send information to a third party.

Your authorization to release information has ***no expiration date***; however, you may revoke your authorization at any time by submitting a written request to the Office of the Registrar.

*I hereby grant my permission to allow Carlow University to share information from my education record with the individuals named below.*

_____ _____

*Signature of Student* *Student ID* *Date*

_____

*Print Name*

Third Party Designees:

_____ _____

*Name (Please print legibly)* *Relation to Student* *Date*

_____ _____

*Name (Please print legibly)* *Relation to Student* *Date*

_____ _____

*Name (Please print legibly)* *Relation to Student* *Date*

_____ _____

*Name (Please print legibly)* *Relation to Student* *Date*

_____ _____

*Name (Please print legibly)* *Relation to Student* *Date*