Creighton
UNIVERSITY

Authorization to Release Educational Information

The Family Educational Rights and Privacy Act (FERPA) bars an educational institution from releasing confidential information about a student—including information about and assessments of her or his academic performance—without the student's express written consent. You may waive this right for a specific purpose by completing this form. This form does not grant "blanket" permission to the University to release information on a continuing basis.

To: CCAS Department or Individual(s): _____

Student's Name (print): _____
First Middle Last

Creighton ID Number: _____

The Department or Representative(s) named above have my consent to release information from my educational record to the Recipient(s) indicated below for the purposes set forth below.

Student Signature: _____ Date: _____

Recipient or Class of Recipients: _____

Recipient's Address: _____

_____

Records to be released (specify): _____

_____

Purpose: ☐ In order to discuss my progress with my parent(s)
☐ In order to write a letter of reference on my behalf
☐ Other (specify) _____

_____

[This section to be completed by the record maintenance official]

Access granted or information supplied: ☐ Yes ☐ No

Comments:_____

_____

Date:_____ Signature:_____

One copy should be retained by the individual authorized to release information (named at the top of this form) and a second should be given to the student for her/his records