

## AUTHORIZATION TO RELEASE STUDENT EDUCATION RECORD INFORMATION

The Family Educational Rights and Privacy Act of 1974, as amended, protects the privacy of educational records, establishes the rights of students to inspect and review their educational records, and provides guidelines for the correction of inaccurate or misleading information. This release applies to the disclosure of educational records. The student authorizing the release of his/her educational records must authorize Capital University to release education record information and indicate the date on which the authorization for release will expire.

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### STUDENT INFORMATION

**Current Name** (please print): \_\_\_\_\_

**Previous Name(s)** (if applicable): \_\_\_\_\_

**ID# or DOB:** \_\_\_\_\_

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### AUTHORIZATION

- I authorize the release of my **academic** records only (transcript, grades, GPA)
- I authorize the release of my **financial aid** records only (grants, loans, scholarships)
- I authorize the release of **both** my academic and financial records

**Individual or Organization authorized to receive these records:**

1. **Name** (please print): \_\_\_\_\_

2. **Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

3. **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

4. **Relationship to Student:** \_\_\_\_\_

5. **Date Authorization Will Expire:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_