



**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT  
STUDENT RELEASE FORM**

PLEASE PRINT

Student's Name \_\_\_\_\_  
(first name) (middle) (last name)

Student ID No. \_\_\_\_\_

**STUDENT AUTHORIZATION FOR DISCLOSURE**

Family Educational Rights and Privacy Act (FERPA) is a federal law which sets forth requirements regarding the privacy of student records.

For complete information regarding FERPA, please visit <http://www.ed.gov/policy/gen/guid/fpco/index.html>.

I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974, for the purposes of evaluation to discuss my academic standing with the Faculty, for the ordination process (where applicable), and for the completion of my degree program.

I also authorize EDS to make available to the Faculty and Staff my denominational affiliation for purposes of support as a Student and Alum.

I have carefully read the foregoing authorization and fully understand the meaning and intent of this document. I affirm that I have signed this authorization voluntarily.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

The purpose of the release is for assistance and advice in all education records.