



FERPA CONSENT TO RELEASE STUDENT INFORMATION

The Office of the Registrar will not release information about your education records without your written consent. To grant your parent, guardian, or another third party access to your CDU education records, you must complete, sign and submit this form. We will not disclose any information from your education records to individuals not identified in the authorization section below.

Submit completed forms to REGISTRAR@CDREWU.EDU

STUDENT INFORMATION

Student ID Number _____ Last Name _____ First Name _____ Middle Initial (If Applicable) _____

FERPA AUTHORIZATION

I authorize the following individual to have access to my records:

Last Name _____ First Name _____ Relationship to the Student _____

The above named person is authorized to have informational access ONLY to: (check all that apply)

- Transcript
- All records
- Disciplinary Records
- Financial Aid Records
- Recommendations for employment or admission to other schools
- Student Finance Office Documents
- Other (specify): _____

The information is to be released for the following purpose:

- Family communications about university experience
- Employment
- Admission to an educational institution
- Other (specify): _____

I authorize the individual above to have access to my records from today, _____ until: _____
Today's Date Authorization End Date

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to [Name of Person listed above as the University Official permitted to release the educational records]. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to [Name of Person listed above to whom the educational records will be released] for the specific purpose described above.

Name (Please Print) _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY:	
Date:	_____
Signature:	_____

FERPA: REVOKE CONSENT TO ACCESS STUDENT RECORDS

This form serves as a signed revocation of consent for the Office of the Registrar to release educational records to individuals or "third parties" identified below. If you wish to reinstate consent to access records at a later time, you can submit a new FERPA CONSENT TO RELEASE INFORMATION FORM.

By signing this revocation, I am reinstating my rights to nondisclosure of my student records under FERPA to the individuals specifically listed below. I understand this executed FERPA revocation form will be in effect and retained in my student records from the date indicated below or until I notify the Office of the Registrar of a change by submitting another FERPA Consent To Release Information Form:

Revoke Access To: _____
Last Name First Name Relation to Student

Student Name (Please Print) _____ Signature: _____ Date: _____