



Authorization for Release of Student Records

In accordance with the Family Educational Rights and Privacy Act (FERPA), Elmhurst College may only release student records directly to the student, unless prior written authorization is given by the student. By filling out this form you give permission for others to view and have access to your student records. By default, your records will not be released to anyone else until this form is properly filled out.

Student Information

Last Name	First Name	eNumber
Email	Daytime Phone Number	Date of Birth
Street Address	City	State

Initial to indicate which records to be released

- All Academic Records** (records include: admissions and registration information, grades, assessment test scores, academic progress status, residency information, and any other documentation contained in the academic records)
 - All Student Account Records** (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other information contained in student account records)
 - All Financial Aid Records** (records include: status of file, award and disbursement of funds information, satisfactory academic progress status, income information, and any other information contained in the financial aid application or file)
 - All Student Affairs Records** (Case management, student conduct, housing and residence life, law enforcement unit)
- Other** (Please specify) _____

The following individuals are authorized to access the information specified above. PIN required for phone conversations

Please PRINT full name(s):

Name	Relationship	4 digit PIN for ID Verification
Name	Relationship	4 digit PIN for ID Verification
Name	Relationship	4 digit PIN for ID Verification

Student Signature

I understand that although I am not required to release this information, I am giving my consent to the Elmhurst College to disclose these records. **Student Initial** _____

This authorization shall stay in effect August 31 of current academic year only or until such time as I revoke it in writing to the Registrar, if earlier. **Student Initial** _____

Student Signature _____ Date _____

Office Use Only

Government issued photo ID verified _____