

Staff Only  
Date Received: \_\_\_\_\_  
Date Processed : \_\_\_\_\_  
Processed by: \_\_\_\_\_



OFFICE OF THE REGISTRAR  
***FERPA Authorization to Release Education Records***

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Name: \_\_\_\_\_ Student Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ Email Address: \_\_\_\_\_  
State and Zip Code: \_\_\_\_\_

**Although I understand that the Federal Educational Rights and Privacy Act (FERPA) prohibits HBU from providing my parents/legal guardians and others with my grade, financial, and disciplinary records, and certain other information from my education records without my consent, I hereby waive my right to such privacy, and authorize HBU to release such information to the following person(s):**

_____	_____
<i>Name</i>	<i>Relationship</i>
_____	_____
<i>Name</i>	<i>Relationship</i>

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

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