

Staff Only
Date Received: _____
Date Processed : _____
Processed by: _____



OFFICE OF ACADEMIC RECORDS
FERPA Authorization to Release Education Records

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 HCU 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 HCU to release such information to the following person(s):

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

Student Signature

Date