



Family Rights and Privacy Act of 1974 (FERPA) Release

Student's Full Name: _____

Student's ID Number: _____ Student's Phone Number: _____

The student must sign this form in the presence of the UIW employee where the form is submitted.

FERPA provides for the confidentiality of student education records. The University of the Incarnate Word may neither disclose certain educational information concerning students nor permit inspection of their education records without the permission of the student unless such actions are covered by certain exceptions as stipulated in FERPA. I hereby grant permission to the officials of the University of the Incarnate Word to provide copies of written records, permit inspection and review of the contents of my education records, and/or to discuss my academic performance with the following person(s):

Name Relationship

Name Relationship

Name Relationship

This request is made in compliance with the FERPA (20 U.S.C.A. Sec. 1232G).

Please **INITIAL** all that apply:

_____ All academic records, graduation, and registration records in the Registrar's Office.

_____ All disciplinary records in the Campus Life Offices.

_____ All financial aid information in the Financial Aid Office.

_____ All financial records in the Student Accounts Office.

_____ All business records in the Business Office.

_____ All residence life records and information.

_____ Other _____

Access to this information does not grant others permission to alter the student's record or conduct business on behalf of the student. Changes to the student enrollment or academic record must be made by the student.

This Release remains in effect until you provide written revocation of your consent.

Student's Signature Date

Employee receiving (Please Print and Sign) Office Date

Registrar's Office: Employee processing Date placed in Banner

Forward form to the Registrar's Office which will update SPACMNT indicating affected office(s). Original will be stored in the student's educational record.