FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Periodically, our institution receives requests from various organizations or groups (Residency Program Directors, Health Insurance companies, Faculty/Student Association) who ask for student addresses. Student address information is included in our Directory Information. Please see Student Handbook 2010-2011 pages 114-115.

Do you give permission to release your address to groups and organizations, as described above? □ YES □ NO

Authorization is valid until cancelled in writing by me. I acknowledge that I may revoke this Confidential Release in writing at any time by presenting such an authorization.

__________________________________________  _______________________________________
Student’s Signature                      Date

Student’s Name (please print clearly) ___________________________________________

Student’s Banner ID Number ___________________________________________