



Larkin University

AUTHORIZATION TO RELEASE INFORMATION

Student Consent for Education Record to be released to Parent(s), Legal Guardian(s), Other Tuition Provider(s), or Other Indicated Individual(s):

Student Name: _____

Date: _____

PLEASE READ:

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Larkin University to disclose the information specified below to the following individual(s) or agency(ies). Please include name and address below:

This consent shall be valid unless or until modified or rescinded in writing by the student. The parent(s), legal guardian(s), tuition provider(s), or other indicated individual(s) agree that they shall not disclose the specified information to third parties without the student's authorization.

INFORMATION TO BE RELEASED:

The following information from my records at Larkin University may be released to the above-specified person(s):

- Grades and academic standing
- Academic information
- Tuition and fees status
- All academic records and demographic information
- Other, please specify: _____

I have read and understand the contents of the consent form pertaining to the Family Educational Rights and Privacy Act of 1974.

Student Signature

Date

Date received by Registrar - _____

Date records released/reviewed - _____