



Authorization to Release Information (FERPA)

Registrar's Office: ph. 303-357-5845, 6399 S. Santa Fe Dr. Littleton, CO. 80120, registrar@denverseminary.edu, fax: 303-783-3122

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), Denver Seminary will not release student information to a third party without the student's written permission except as granted by the Department of Education.

Student Information:

Student Name: _____ Student ID: _____

Authorized Individual(s):

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

Records to Release:

Check the box(es) below to indicate which records you wish to release:

- All Academic/Transcript Records (transcripts, admissions and registration information, degree information, course grades, schedule documentation contained in the academic record.)
- All Financial Aid Records (status of file, award and disbursement of funds information, SAP status, income information and any other information contained in the application or financial aid file.)
- All Student Account Records (amount of tuition and fees, sources of payment for tuition and fees, refund information, holds, library fines and other accounts receivable information contained in the student account records.)
- All College Records
- Other – please specify: _____

Duration of Authorization:

This authorization will remain in effect from the date it is executed until the date indicated on this form or until revoked by me, in writing and delivered to the Registrar's Office.

Until Date: ____/____/____

I, _____, hereby grant Denver Seminary permission to release the selected information/records for the period of time and to the individual(s) or party (ies) listed above, unless revoked by me in writing.

I understand that I have the right not to consent to release my educational records. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I agree to hold Denver Seminary harmless from any and all liability for the release of my information/records to the entities specified above.

Printed Name: _____

Signature (Required): _____ Date: _____

For Office	Date Received: _____	Date Processed: _____	Student Notified: _____
Use Only	Processed by: _____	Depts Notified: _____	