



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.

This request is to: GRANT ACCESS REVOKE ACCESS for the individuals listed below.

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: _____

Authorization:

This authorization will remain in effect from the date it is executed until the date which access is revoked by me, in writing and delivered to the Registrar's Office.

I, _____, hereby grant Denver Seminary permission to release (or revoke) the selected information/records to the individual(s) or party (ies) listed above, until revoked by me in writing and delivered to the Registrar's Office.

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.

Signature (Required): _____ **Date:** _____

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