AUTHORIZATION TO RELEASE INFORMATION

Student's ID#: _____ **Student's Email:** _____

Student's Name: _____ **Cell Phone #:** _____

PLEASE READ: In accordance with the Family Education Rights and Privacy Act of 1979 (**FERPA**), the undersigned student hereby permits Bradley University to disclose the information specified below to the following individual(s) or agency(ies) (include name, address, phone number, and relation to student):

Name/Agency	Email Address	Phone Number	Relation to Student

This consent shall be valid throughout the student's enrollment at Bradley University but may be modified or rescinded at any time, by the student.

INFORMATION TO BE RELEASED:
The following information from my records at Bradley University may be released to the above specified persons:

- ☐ Do not release any information
- ☐ Tuition and Fee status/Billing accounts
- ☐ Financial Aid records

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

_____ _____

Student's Signature Date

- *We are not able to accept electronic signatures.*