



REQUEST TO RELEASE EDUCATIONAL RECORD INFORMATION

Student Name (please print) _____

Student Signature _____ Date _____

I hereby authorize Houghton University to release information in my educational records (e.g., grades, billing information, class schedule, and other non-directory information) to:

Name(s) _____

Relationship to Student _____

By signing this form, you grant Houghton University permission for the third party noted above to have access to information in your educational records (e.g., grades, billing information, class schedule, and other non-directory information). This form will be valid until graduation from Houghton University or submission of a written request to revoke access.

The completion of this form is mandatory for Houghton University if you wish to grant access to others in order for the institution to be in compliance with FERPA* laws.

*The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.