

CALVARY UNIVERSITY

Authorization for the Release of Protected Information

The Family Educational Rights and Privacy Act (FERPA, 1974 and as amended) prohibits the release of any educational records except those listed as "Directory Information" as defined by the act without the express written authorization of the student involved. This form will allow the appropriate office to release specific information about you to the person(s) you designate below.

Student Name: _____ Student ID #: _____
PLEASE PRINT

I hereby authorize Calvary University to release information regarding my educational records as indicated below:

Billing Information (check B below): All student billing account information. Examples: account balance, charges and credits (including financial aid awards) appearing on account, payment plan, or related questions regarding a student's financial account record.

Financial Aid Information (check F below): All financial aid application and award information.

Academic Record Information (check A below): All information regarding a student's enrollment, veteran's benefits, and academic records (grades, class schedule, academic standing, etc.).

Student Dean Information (check S below): All information maintained by the Student Dean's Office (housing assignments, student conduct issues, significant counseling, immunizations records, etc.).

B F A S _____
Name Last four digits of Soc. Sec. No. Month/Year of Birth Relationship to Student

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I understand this authorization will remain in effect until I submit a written request to cancel this authorization. To cancel this authorization, send a written notice to the Registrar's Office at gary.rogers@Calvary.edu.

I do not want any of my information released to anyone other than myself. (Please check this option if preferred)

Student Signature: _____ Date: _____

If not delivering in person, the following section must be completed by a Notary Public.

State of _____, County of _____

On this _____ day of _____, 20_____, _____ personally appeared before me, (check one) __ who is personally known to me, OR __ whose identity I proved on the basis of _____, to be the signer of the above instrument.

Notary Public's Name: _____

Residing at: _____

My commission expires: _____

Verification by authorized Calvary University personnel of student providing information:

Name: _____ Signature: _____ Date: _____

Where to Submit this form:

Registrar's Office
15800 Calvary Rd.
Kansas City, MO 64147

By Fax: 816. 331-4474