

All students wanting Disability Support Services, please fill out the FERPA form in its entirety. The lines that have an (X) must be filled out. This form is found CALVARY UNIVERSITY in your Admissions Package. You may submit it to Admissions.

Authorization for the Release of Protected Information  
This form is temporary until verified by Calvary University personnel.

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.

This Sheet IS Only For An Example!

Student Name: X

PLEASE PRINT

Student ID #: X

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 DAD X X X  
Name Last four digits of Soc. Sec. No. Month/Year of Birth Relationship to Student

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

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

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

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 [registrar@Calvary.edu](mailto:registrar@Calvary.edu).

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

Student Signature: X Date: X

Verification by authorized Calvary University personnel of student providing information (at time of arrival)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Where to Submit this form:

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

By Fax: 816. 331-4474