

## 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. The 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.).

<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> A	<input type="checkbox"/> S	<hr/>	<hr/>	<hr/>	<hr/>
				Name	Last four # of SSN	Birth Month / Year	Relationship to Student
<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> A	<input type="checkbox"/> S	<hr/>	<hr/>	<hr/>	<hr/>
				Name	Last four # of SSN	Birth Month / Year	Relationship to Student
<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> A	<input type="checkbox"/> S	<hr/>	<hr/>	<hr/>	<hr/>
				Name	Last four # of SSN	Birth Month / Year	Relationship to Student
<input type="checkbox"/> B	<input type="checkbox"/> F	<input type="checkbox"/> A	<input type="checkbox"/> S	<hr/>	<hr/>	<hr/>	<hr/>
				Name	Last four # of SSN	Birth Month / Year	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:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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 Road  
 Kansas City, MO 64147

By Fax: 816-331-4474