



FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) RELEASE FORM

The Family Educational Rights and Privacy Act (FERPA) is a Federal Law that protects the privacy of student educational records, including financial, academic, and/or advising records. For the student’s protection, FERPA limits release of student record information without the student’s explicit written consent. However, FERPA also gives the student’s parent(s)/guardian(s) the right to review those records if the parent(s)/guardian(s) claim the student as a dependent on their Federal Income Tax Return, and the student completes this form authorizing the release of information to their parent(s)/guardian(s).

Instructions: Complete the information in the first section only. Students **MUST** return this form, in person, with a picture ID to the GPS office. The student will sign in the presence of a GPS employee to be valid.

Student Disclosure and Release of Information

Student Name (Please Print)

Last 4 of Social

I understand that any and all personally identifiable information concerning my student education records is protected under FERPA. I further understand that I may waive that protection and give access to my records to individuals of my choice.

This release allows the individual(s) named below to gain access to student educational records in the following offices: GPS, Office of the Registrar, and Student Financial Services.

By submitting this form, I agree to waive my rights under FERPA, and allow the person(s) named below to receive access to my student educational records.

NAME (First, Middle Initial, & Last Name) (Please Print)

RELATIONSHIP TO STUDENT

STOP! The signature section must be completed in the presence of a GPS employee to be valid.

By signing this release, I authorize Wittenberg University to release any student educational records to the person(s) listed above. Access granted to student education records via this form remains in effect until officially revoked by the student. I understand that I can revoke this access at any time in person at the GPS office by signing the revocation clause.

Student Signature (Required)

Date

Revocation of the Release of Financial and/or Academic Information

I acknowledge that by signing below, I no longer waive my rights under FERPA and I am withdrawing my permission to release any student education records to those individuals identified on this document. I further understand that if I wish to grant access to my records that a new release form will need to be completed.

Student Signature (Required)

Date

Office Use Only: Received by: _____
Processed by: _____

Date: _____
Date: _____