



AUTHORIZATION FOR RELEASE OF INFORMATION

Student's Name: _____ ID#: _____
(Last) Please Print (First)

The University of Saint Francis is subject to the provisions of the Family Educational Rights and Privacy Act. In order for the faculty and staff of the University of Saint Francis to discuss confidential information contained in the educational record with anyone other than the currently enrolled student, we must have the student's written authorization. If the student does not grant authorization, information will not be given to anyone other than the student. This authorization will remain in effect until it is revoked by the student in writing. The student may revoke consent at any time for the current academic year.

Academic transcript requests require a separate authorization and form.

Please initial departments that are authorized to release information with this form:

_____ Student Life _____ Business Office _____ Financial Aid _____ Registrar

Please initial types of information to be released by the Registrar's Office:

_____ Course Grades _____ Grade Point Average _____ Program Progression Status

_____ Academic Support Services _____ Office of Retention

I, _____, authorize the University of Saint Francis to release the above noted types of information to the following people:

_____/_____
Name Relationship

_____/_____
Name Relationship

_____/_____
Name Relationship

USF ACE program students agree to release the above stated information to the appropriate high school guidance counselor.

Student's Signature Date