

## Student Request for Release of Education Records

The Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, governs a university's ability to release confidential information in a student's education records. According to the Act, confidential education records may be released only with the permission of the student. By signing this release form, the student gives Regis University permission to release his/her confidential information to the person and/or company designated below.

Student ID # \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_@regis.edu Phone# \_\_\_\_\_

I, the undersigned, hereby state that Regis University may disclose my education records to the party specified below.

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

Company/Relationship: \_\_\_\_\_ City, State: \_\_\_\_\_

Phone / Fax: \_\_\_\_\_ Zip: \_\_\_\_\_

This release is binding for six calendar years or until graduation. The student may revoke this release at any time by written request to the Regis University Registrar.

By signing this release form, I agree that Regis University assumes no liability for honoring my instructions to release education records.

**Please print this form, sign and date it, then fax or mail to Enrollment Services.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Ending Date

*A legible photocopy or facsimile of this document is as valid as the original.*