Academic Student Records Consent to Release Form

The Family Educational Rights and Privacy Act of 1974 (FERPA) allows student’s rights concerning the privacy of, and access to their educational record. As a student, you may choose to complete and submit this form to the Student Advocacy Center, which will allow the release of your academic student record to third parties you specify. Please note that this form authorizes Life University to release your record, but it does not obligate Life University to release your record. Requests for the release of academic student records will be reviewed and responded to on a case-by-case basis.

Section A: Student Acknowledgement

I, ____________________________, hereby authorize Life University to release my student record, which may include information such as grades, GPA, registration, student ID number, academic progress, etc.

Section B: Person to whom access is granted

Check appropriate box

☐ My Parents [name(s)] ______________________________
☐ My Guardian [name(s)] ______________________________
☐ My Spouse (name) __________________________________
☐ Other (name/specify) _________________________________

Please note: those given access will be required to verify identity before information regarding your record is released

Section C: Purpose of Release

Check appropriate box

☐ Family Communication
☐ Employment Communication
☐ Another Academic Institution
☐ Other (specify) ______________________________________

Section D: Security Question

Please provide a security question with an answer that is known by only you and the individual listed above. Please note: not required if releasing to another academic institution

Question __________________________________________
Answer __________________________________________

Section E: Student Authorization

I acknowledge by signing this form, I authorize Life University to release my academic student record to those indicated. I understand that I am not required to give those indicated access, but that I am consenting to do so. I understand that this release remains effective until I provide the Registrar at Life University with written notice withdrawing my consent to release.

Student’s Name (Printed) ________________________________
Student’s Signature _________________________________
Student ID ________________________________
Date ________________________________