



Division of Student Affairs
Office of the Registrar

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Periodically, our institution receives requests from various organizations or groups (Residency Program Directors, Health Insurance companies, Faculty/Student Association) who ask for student addresses. Student address information is included in our **Directory Information**. Please see Student Handbook 2010-2011 pages 114-115.

Do you give permission to release your address to groups and organizations, as described above? YES NO

Authorization is valid until cancelled in writing by me. I acknowledge that I may revoke this Confidential Release in writing at any time by presenting such an authorization.

Student's Signature

Date

Student's Name (please print clearly) _____

Student's Banner ID Number _____