

Student Authorization to Release Information



JOHNSON & WALES
UNIVERSITY

(Student Academic & Financial Services)

- Completion of this form may authorize Student Academic & Financial Services to disclose your directory or non-directory information to a third party as indicated below.
- In conformity with The Family Educational Rights and Privacy Act (FERPA), JWU has determined the following to be "directory information" for each student: name, address, telephone listing, email address, date and place of birth, photograph, dates of attendance, class schedules, participation in officially recognized activities and sports, fields of study, degrees and awards received, and the most recent previous educational institution attended.

Please print clearly and legibly

Student name:

Student ID #: J

Student phone:

Major:

I hereby authorize Student Academic & Financial Services to disclose or discuss my educational records and other student information to the following parties. I acknowledge and agree that:

- Neither FERPA nor this authorization requires JWU to disclose information; any disclosures will be at the university's discretion and using only the contact information provided on this form.
- This authorization is effective until I revoke it by providing a signed notification to Student Academic & Financial Services.
- I release JWU, its employees, and agents from any liability to me or anyone claiming by, through, or under me, which may arise directly or indirectly out of JWU's good faith reliance on this authorization.
- A facsimile or photocopy of this authorization will be considered as effective and valid as the original.

Authorized Parties:

Name 1:

Relationship:

Address (street, city, state, zip code):

Nation:

E-mail address:

Telephones (cell, home, and/or work):

Authorized records (check one): academic & financial academic only financial only

Name 2:

Relationship:

Address (street, city, state, zip code):

Nation:

E-mail address:

Telephones (cell, home, and/or work):

Authorized records (check one): academic & financial academic only financial only

Authorization:

Student Signature: _____

Date: _____

To submit your release, fax (or mail/deliver) to Student Academic & Financial Services at your campus:

Providence = 401-598-2832 (fax)

Denver = 303-256-9389 (fax)

North Miami = 305-892-7019 (fax)

Charlotte = 980-598-1350 (fax)

Administrative Use Only

SPACMNT

comment type: RFI

originator type: SAS (if academic only), SFS (if financial only), or SAFS (if academic & financial)

Copy to Student File