



Education Record Information Release

Students are not required to complete this form.

In compliance with the Family Educational Rights and Privacy Act (FERPA) Abilene Christian University cannot – except in certain limited situations – release grades or other personally identifiable information to any person other than the student without a written release from the student.

Student's name (print) _____

Banner ID No. _____

Student ACU e-mail _____

I give permission for Abilene Christian University to release my education record information to the person(s) listed below. (Your education record includes financial aid, campus life, grades and related academic information.)

Name _____

Street address _____

City _____ State _____ ZIP _____

Relationship to Student _____ Telephone _____

If necessary, you may have a second listing.

Name _____

Street address _____

City _____ State _____ ZIP _____

Relationship to Student _____ Telephone _____

This release is given for the purpose of disclosing my education record to the person(s) named above so that they can be informed about my activities and progress at ACU.

I understand that by signing this authorization, I am voluntarily waiving my rights of nondisclosure of my education records under federal law only as to the person(s) specifically listed. This release does not permit the disclosure of these records to any other person(s) or entities without my written consent.

I understand that I am not required to release my education record to anyone and that this release remains in effect until I revoke it, graduate or otherwise leave Abilene Christian University.

Signed _____ Date _____