

## Authorization to Release Educational Records Form

**Instructions:** This form is to be used to allow entities beside the student, such as a parent, spouse, etc., to access student education records in addition to directory information. Without a signed form on file, no information beyond directory information can be released to or discussed with any entity, except the student.

By filling out and signing this form, you give permission for the entities indicated below to have access to your student records as specified. Please print all items clearly to allow for accurate processing. For more information go to <http://www.davenport.edu/registrars-office/ferpa>

Student Information		
Last Name:	First Name:	Student ID:
Email:	Phone:	

Initial to indicate which records to be released	
	<p><b>All Records:</b> including but not limited to:</p> <ul style="list-style-type: none"> <li><u>Academic</u> records such as transcripts, admissions and registration information, class schedules, grades, assessment test scores, academic progress status, residency information, conduct and any other documentation contained in the academic records.</li> <li><u>Student</u> records such as amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other information contained in student account records.</li> <li><u>Financial Aid</u> records such as status of file, award and disbursement of funds information, satisfactory academic progress status, income information, and any other information contained in the financial aid application or file</li> </ul>
	<p><b>Limited Access/Other (Please specify):</b></p>

The following individuals are authorized to access the information specified above.	
Name of Person	Relationship to Student

Duration of Access to records, please check one	
<input type="checkbox"/> Until I am no longer a student	<input type="checkbox"/> Until month/day/year: _____

Student Signature

Date

*Please return this form using one of the options below:*  
 To an advisor/Welcome Desk  
 Fax to **616-732-1150**  
 Scan and e-mail to **Central.Registrar@davenport.edu**