University of Bridgeport
FERPA Consent to Disclose Student Records

STUDENT

Last Name: _____ First Name: _____ MI: _____

E-mail: _____ Date of Birth _____ ID #_____

Address: _____ Phone (_____) _____ - _____

Third-Party Designee(s)

_____ _____ _____
Name (Last, First, MI) **Relationship** **Phone Number**

_____ _____
Mailing Address **City / State / ZIP**

_____ _____ _____
Name (Last, First, MI) **Relationship** **Phone Number**

_____ _____
Mailing Address **City / State / ZIP**

Information Covered by Release:

_____ **Grades/GPA, registration, academic progress, and enrollment**
_____ **Billing statements, charges, credits, payments, and past due amounts**
_____ **Financial aid awards, application data, disbursements, billing and repayment history, loan information, and financial aid satisfactory academic progress**
_____ **Housing, student conduct, student judicial, and campus security information**

Information to be Released for the Following Purpose:

_____ **Family communications about the University experience**
_____ **Employment**
_____ **Admission to an educational institution**
_____ **Litigation**
_____ **Other – *Please specify*: _____**

Please note that your authorization to release information has no expiration date, but you may revoke your authorization at any time by submitting a written request. Grades and personal information are not released over the phone.

Authorization

_____ _____
Student's Signature **Date**

rev 8/13