

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	
Billing statements, charges, cr Financial aid awards, applicate loan information, and financia Housing, student conduct, stud	t the University experience Institution Information has no expiration date, but	d repayment history, s nformation you may revoke your authorization
Authorization		
Student's Signature		Date