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## STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION

Pursuant to the Family Educational Rights and Privacy Act (FERPA) and Drake University policy, the University does not release personally identifiable education records without the written permission of the student whose education records are involved. With this understanding, I desire to authorize Drake University to release my confidential student information to the below-named third party or parties.

I, \_\_\_\_\_ do hereby grant permission to Drake University to release (check all that apply)  
(name of student)

\_\_\_\_\_ Any and all of my academic records

\_\_\_\_\_ Any and all of my student conduct records

\_\_\_\_\_ All of the following information/records:

I permit the above listed information to be released to: (please be specific and list all names that apply)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

I understand that:

1. Under FERPA, I have the right not to consent to the release of my educational records.
2. I have the right to receive a copy of such records upon my request to Drake University.
3. This consent shall remain in effect until revoked by me, in writing, and delivered to Drake University Office of the Registrar, but that any such revocation shall not affect disclosures previously made by Drake University prior to the receipt of my written revocation. I am also aware that Drake University is not responsible for the way in which any of the information released under this authorization is used.
4. A photocopy of this form will be treated as an original signature by Drake University.

Student's Name: \_\_\_\_\_

Student's ID#: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Submit completed form to the Office of the Registrar

By email: [registrar@drake.edu](mailto:registrar@drake.edu)

By fax: 515-271-3977

By mail:

Office of the Registrar  
Drake University  
2507 University Ave  
Des Moines, IA 50311