

Per the federal Family Educational Rights and Privacy Act (FERPA), the written authorization of a student is required to disclose the student's non-directory information to any third party. Third parties are entities other than the recordkeeper and the student. A fee of \$.50 per page is charged for documents that must be photocopied.

Please note that certain information, defined as directory information, can be released without the prior consent of the student. Refer to the CGU Student Privacy (FERPA) policy, available from the registrar's website, for complete information.

STUDENT INFORMATION

Last Name _____ First Name _____

(if known) CGU ID #254— _____ Birth Date _____

Academic Department _____ Degree Program _____

I am a Current student - OR - Former student / alumnus/a and hereby authorize the release of the information specified below for the period of time indicated, unless revoked by me in writing.

Information to be released

- All educational records, (GPA, grades, hours, publications accomplishments, awards, etc.)
- Fellowship/Grant award information
- Other _____

Duration of this Authorization

- Until Date _____
- Until I graduate or leave CGU

Purpose of this Authorization— Please check all that apply.

- Donor Reporting Grant Reporting Press Release Marketing Materials Insurance/Benefits Reporting
- Sponsor/Employer Reporting Other _____

RECIPIENT OF AUTHORIZED DISCLOSURE

Organization _____

Last Name _____ First Name _____

Relationship _____ Phone Number (_____) _____

Address _____

City/State/Zip _____

By signing this form, I authorize Claremont Graduate University (CGU) to release and disclose information from my education records as specified. This authorization remains in effect as specified or until I revoke this authorization by notifying CGU in writing.

Student's Signature _____ **Date** _____

