



FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: Registrar, **BEULAH HEIGHTS UNIVERSITY**

Student Name: _____ Student ID _____

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Beulah Heights University to disclose the information specified below to the following individual(s). The student authorizing the release of his/her educational records must sign & present this form to the appropriate office with a photo ID to verify authenticity of this release.

I desire for my education records listed above to be released to the following persons:

1. _____
2. _____
3. _____
4. _____

I hereby consent to public disclosure of the education records listed below:

- All Financial Aid Records** (to include: status of file, award and disbursement of funds information. Satisfactory Academic Progress status (SAP), income information, and any other information contained in the application or financial aid file)
- All Academic/Transcript Records** (to include: transcripts, attendance related information, admission and registration information, schedule documentation)
- All Student Account Records** (to include: tuition and fees, sources of payment(s), refund information, records hold information as it relates to outstanding dues, fees or fines, and any other account receivable information contained within.)
- All College Records** (Inclusive of information from all applicable departments)
- Other** (Please Specify _____)

By signing you acknowledge and understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed throughout the duration of your enrollment with Beulah Heights University unless a written request to revoke authorization is delivered to the Office of the Registrar of BHU.

Name (print) _____

Signature _____ Date: _____