

Student ID# \_\_\_\_\_

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



**Registrar**

1971 University Blvd. Lynchburg, VA 24502-2269  
Phone 434-592-5100 Fax 434-582-2187

## FERPA Release Form

It is the policy of Liberty University, in accordance with the Family Educational Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our students' educational records unless the student has consented to disclosure or FERPA allows disclosure. Directory information, such as name and address, may be disclosed to the public. However, private information, such as grades, class schedules, the student's account, and financial aid awards may not be released without express consent from the student.

Signing this form provides such consent, according to the information designated for release and to whom it is to be released.

I, \_\_\_\_\_, Student ID Number \_\_\_\_\_, authorize Liberty University to release the following educational records, upon request, to the persons listed below, for the purpose of keeping them informed regarding my education at Liberty University.

Please initial all that apply:

\_\_\_\_\_ All financial records in the Student Accounts Office.

\_\_\_\_\_ All Financial Aid information.

\_\_\_\_\_ All academic records.

\_\_\_\_\_ Other \_\_\_\_\_

Persons to whom information may be released:

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

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

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

I acknowledge by my signature that I understand that, although I am not required to release my records, I am giving my consent to release the designated information to the above named person(s). I understand that this release will remain in effect unless I revoke such consent in writing and the revocation is received and processed by Liberty University.

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