



Authorization to Release Educational Records Form

Instructions: This form is to be used to allow entities beside the student, such as a parent, spouse, etc., to access student education records in addition to directory information. Without a signed form on file, no information beyond directory information can be released to or discussed with any entity, except the student.

By filling out and signing this form, you give permission for the entities indicated below to have access to your student records as specified. Please print all items clearly to allow for accurate processing.

For more information go to <http://www.davenport.edu/registrar-office/ferpa>

Form must be completed and submitted by the student.

| Student Information | | |
|---------------------|-------------|-------------|
| Last Name: | First Name: | Student ID: |
| Email: | Phone: | |

| Initial to indicate which records to be released | |
|--|--|
| <input type="checkbox"/> | All Records: including but not limited to: <u>Academic</u> records such as transcripts, admissions and registration information, class schedules, grades, assessment test scores, academic progress status, residency information, conduct and any other documentation contained in the academic records. <u>Student</u> records such as amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other information contained in student account records. <u>Financial Aid</u> records such as status of file, award and disbursement of funds information, satisfactory academic progress status, income information, and any other information contained in the financial aid application or file |
| <input type="checkbox"/> | Limited Access/Other (Please specify): |

| The following individuals are authorized to access the information specified above. | |
|---|-------------------------|
| Name of Person | Relationship to Student |
| | |
| | |

| Duration of Access to records, please check one | |
|---|--|
| <input type="checkbox"/> Until I am no longer a student | <input type="checkbox"/> Until month/day/year: _____ |

Student Signature

Date

Submission Options:

Email: Central.Registrar@davenport.edu (form accepted from DU email account only)

In Person: Welcome Desk or Academic Advisor