

WALDEN UNIVERSITY

Student Information Release Form (FERPA)

The Family Educational Rights and Privacy Act (FERPA) is a Federal law designed to protect the privacy of a student's education records, including academic, financial and financial aid records. The law applies to all schools that receive funds under a program of the U.S. Department of Education. This act protects your personal information from being distributed to third parties without your consent, unless permitted by law. This form must be completed and returned to the appropriate University office either by fax or mail, before any information can be released to a third party (i.e., spouse, employer, etc.). This form remains on file with the University.

STUDENT INFORMATION:

_____ Student's Name (Last, First, Middle Initial)	_____ Social Security Number	
_____ Work Phone Number	_____ Home Phone Number	
_____ Street Address		
_____ City	_____ State	_____ ZIP
_____ Email Address		
_____ Date of Birth (Format: YYYY-MM-DD)	[Note: Third Party must give student's date of birth to verify identity when requesting information.]	

REASON FOR RELEASE:

RELEASE INFORMATION TO:

_____ Full Name and/or Title of Individual	_____ Company Name	
_____ Work Phone Number	_____ Home Phone Number	
_____ Street Address		
_____ City	_____ State	_____ ZIP
_____ Email Address		

RELEASE AUTHORIZATION:

Select one of the options below to identify the type of information to be released. Return this form to the corresponding office.

<input type="radio"/> Academic Record	<input type="radio"/> Financial Aid Information	<input type="radio"/> Information Relating to My Student Account
Office of the Registrar 7080 Samuel Morse Drive Columbia, MD 21046 Fax: 410-209-8044	Financial Services 7080 Samuel Morse Drive Columbia, MD 21046 Fax: 410-209-8026	Office of the Bursar 7080 Samuel Morse Drive Columbia, MD 21046 Fax: 410-843-6614

SPECIFIC INFORMATION TO BE RELEASED:

I hereby authorize release of the data specified above to the individual named above, for a period of one year from date of receipt.

_____ Student Signature	_____ Date
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