

Please return this form to:
Office of the University Registrar
ATTN: FERPA
3141 Chestnut Street, Curtis 261
Philadelphia, PA 19104



UNIVERSITY
Office of the University Registrar
A division of the Office of the Provost

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974
AUTHORIZATION TO RELEASE THE EDUCATION RECORD**

Student's Name: _____ Drexel ID #: _____

AUTHORIZATION:

Drexel University maintains educational records for each student. Subject to the Family Educational Rights and Privacy Act ("FERPA"), the University may not release any information without the written consent of the student, subject to exceptions provided under FERPA. Accordingly, Drexel University requires authorization to discuss information from a student's education record with anyone other than the student. If you wish to provide such authorization, please include the name, address, telephone number and relationship of any person(s) who may have access to your education record.

(PLEASE PRINT CLEARLY):

I. Last Name: _____ First Name: _____

Address: _____

Telephone: _____ Relationship to Student: _____

Signature: _____ Date: _____

II. Last Name: _____ First Name: _____

Address: _____

Telephone: _____ Relationship to Student: _____

Signature: _____ Date: _____

III. Last Name: _____ First Name: _____

Address: _____

Telephone: _____ Relationship to Student: _____

Signature: _____ Date: _____

Student Signature: _____ **Date:** _____

REVOCATION:

Effective _____, I hereby revoke all authorization designations previously provided by me as pertains to my education records at Drexel University.

Student Signature: _____ **Date:** _____