



Student ID# _____

Student Name _____

Registrar
3038 Evans Mill Road
Lithonia, GA 30038
Phone: 770-484-1204, ext. 5276
Fax: 678-990-5272

FERPA Release Form

It is the policy of Luther Rice College & Seminary, 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 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 Luther Rice College & Seminary to release the following educational records, upon request, to the persons listed below, for the purpose of keeping them informed regarding my education and Luther Rice College & Seminary.

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, 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 Luther Rice College & Seminary.

Signature: _____ Date: _____