



FERPA Student Authorization Release Form

I understand that under the provision of the Family Educational Rights and Privacy Act (FERPA) of 1974, my records at National Louis University will not be released to a third party without my approval. I hereby give permission to authorized personnel at National Louis University to release these records upon my request. (Please check all that apply):

- Academic Records (academic progress, grade reports, transcripts)
- Financial Aid (financial aid eligibility and awards, scholarships)
- Student Accounts (billing, payments, account balances)
- Other Student Records (may include student conduct, judicial records, ADA, etc). Please specify:

Name of individual(s) to whom information may be released: (Please Print)

Name(s): _____ Relationship: _____

Address: _____

City, State, Zip Code: _____

The purpose of this disclosure is: _____

Name(s): _____ Relationship: _____

Address: _____

City, State, Zip Code: _____

The purpose of this disclosure is: _____

Name(s): _____ Relationship: _____

Address: _____

City, State, Zip Code: _____

The purpose of this disclosure is: _____

- Please honor requests for my records by those individuals / parties identified above.**

I acknowledge by my signature that I understand, although I am not required to release my Records to these individual(s), I am giving National Louis University my consent to release the information. I understand this release remains in effect until such time as I choose to revoke this permission in writing.

- Please revoke the FERPA Student Authorization Release Form on file at National Louis University (will revoke all access to third parties).**

Student Name: _____

Student ID#: _____

Student Signature: _____

Date: _____

Processed by (NLU Employee): _____

Date: _____

Return completed form to: Office of the Registrar, National Louis University, 1000 Capitol Drive, Wheeling, Illinois 60090.