



University Registrar's Office

FERPA Release Form

REQUEST TO DISCLOSE ACADEMIC INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), Suffolk University is able to release the following directory information without student consent:

- Name
- Address
- Email Address
- Telephone Number
- Participation in University recognized Activities & Sports
- Date and Place of Birth
- Photograph
- Degrees
- Major Field of Study
- The Most Recent Educational Agency/ Institution Attended
- Grade Level
- Enrollment Status
- Dates of Attendance
- Honors & Rewards Received
- Height & Weight of Student Athletes

Disclaimer: Student consent is required for Suffolk University to release academic information such as, but not limited to grades, grade point average (GPA), & credit hours.

I hereby allow the following person(s) access to my academic record (defined by disclaimer above):

Name: _____ Name: _____
Relation to Student: _____ Relation to Student: _____
Phone Number: _____ Phone Number: _____
Email Address: _____ Email Address: _____

By signing below, I acknowledge that my academic information will be released during my enrollment at Suffolk University if requested by the person(s) above. This notice can be rescinded at any time by the student and will expire at the time of graduation or withdrawal from the institution.

Signature: _____ Date: _____

Name (printed): _____ Student ID: _____