

# FERPA RELEASE

(Family Rights and Privacy Act 1974)



Under the Family Educational Rights and Privacy Act (FERPA), students have access to review and ability to release restricted educational information with written permission.

This form provides for the following:

**Release of Directory Information:**

Lakeland University is permitted to disclose directory information (name, address, LU email, phone number, class level, majors/minors/emphases, participation in athletics or commencement, weight/height if member of athletic team, dates of attendance, enrollment status, date of degree, awards and most recent institution attended) from students' education records without permission.

- Students may choose to withhold this information, with written notification.

**Access to Information:**

Students may grant permission to release educational and/or financial information to a parent or guardian with written notification.

**Release of Information:**

Students may opt to allow staff to dialogue or release educational information to an identified third party with written permission. Students must specify what information can be released and to whom via this form.

**Lakeland University does not provide the following information as a separate document to an outside party:**

- Grade reports, transcript of grades or degree verification
  - *Via my.LAKELAND, students can access and print grade reports and unofficial transcript documents OR request an official transcript*

---

I hereby grant Lakeland University employees and representatives permission to release information to the parties listed below.

**Permission to give Access to Information to a third-party (Parent, Guardian):**

I allow the discussion or verification of educational information with the individual(s) named below via phone, email or other virtual technology.

**Check all that apply:**

- Billing/Student Account Data
- Class Schedule
- Financial Aid Data
- Grades (over the phone), Academic Standing, Progress of Degree
- Residential Life Information

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

*I understand that this authorization to grant permission will be in effect as long as I am a student at Lakeland University, or until I revoke this authorization in writing to the Registrar's Office.*

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_

**FERPA RELEASE**  
(Family Rights and Privacy Act 1974)



**Release Specific Information to a Third-Party recipient other than Parent or Guardian:**

*I understand that a new request is needed for any future communications or release of information.*

I allow the discussion or verification of educational information with the individual named below via phone, email or other virtual technology.

**Check all that apply:** *If grade or degree date data is needed, student should request an official transcript.*

- Billing/Student Account Data
- Conduct Record
- Financial Aid Data
- Residential Life Information
- Other: Please Specify

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

**Directory Information Disclosure Restriction:**

I wish to have my directory information withheld by Lakeland University. This means enrollment verifications, attendance records and other items listed above will not be released nor will my information be included in any releases of the institution such as a Dean's List or Commencement Program.

I revoke my prior restriction to withhold information. Lakeland University may release this with my permission.

*I understand that this authorization to withhold information OR to grant permission will be in effect as long as I am a student at Lakeland University, or until I revoke this authorization in writing to the Registrar's Office.*

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Student ID #:** \_\_\_\_\_