



Office of the Registrar
Registrar@saybrook.edu

STUDENT AUTHORIZATION TO RELEASE EDUCATIONAL RECORD INFORMATION

INSTRUCTIONS: Complete the below fields if you would like to allow specific types of information to be released to the indicated party. Email the document as an attachment to Registrar@saybrook.edu.

In accordance with regulations contained within the Family Educational Rights and Privacy Act, Saybrook University will disclose to designated part(ies) information from the educational records of a student, provided Saybrook University has written consent from the student on file. (https://community.saybrook.edu/registrar/Pages/Ferpa-Overview.aspx)

TO BE COMPLETED BY THE STUDENT

Student Name (print): Student ID

I, hereby authorize Saybrook University school officials to verbally release information contained in my educational records to the following parties:

Full Name: Relationship:

Full Name: Relationship:

Specific Academic Records to Verbally Release (if all records may be released, indicate so by writing "Any Academic Records Information Requested"):

Specific Financial Aid Records to Verbally Release (if all records may be released, indicate so by writing "Any Financial Aid Records Information Requested"):

Specific Student Account Records to Verbally Release (if all records may be released, indicate so by writing "Any Student Account Records Information Requested"):

This release does not permit the disclosure of these records to any other persons or entities without my written consent unless specifically allowed by FERPA regulations. I understand it is my responsibility/right to revoke this authorization at any time.

Student's Signed Acknowledgement: Date:

Table with 5 columns: Date Received, Date Entered (CVue), Completed By, and two empty cells. Header text: FOR OFFICE USE ONLY. Contact Manager Activity should be added with relevant part(ies)/releasable records and form should be linked/routed to complete in Perceptive Content.