



# Student Consent for Release of Non-Directory Records

CHAMBERLAIN UNIVERSITY

FERPA (Family Educational Rights and Privacy Act) is a federal statute that precludes Chamberlain University from providing student record information to anyone but the student without the student's written authorization.

## A. Student Information

Student Name

Student ID (D#)

## B. Third-Party Information

I authorize the release of my records to the following person(s)

I rescind authorization for the release of my records to the following person(s)

|                 |      |                                       |              |    |            |
|-----------------|------|---------------------------------------|--------------|----|------------|
| Name            |      | RECORDS DEPOSITION SERVICE SOUTHFIELD |              | MI | 48086-5054 |
| Address         | City | State                                 | Zip          |    |            |
| P.O. BOX 5054   |      | (248) 357-3330                        |              |    |            |
| Home Phone      |      | Cell Phone                            |              |    |            |
| INFO@RECDEP.COM |      |                                       |              |    |            |
| Email Address   |      |                                       | Relationship |    |            |

|               |  |            |              |     |  |
|---------------|--|------------|--------------|-----|--|
| Name          |  |            |              |     |  |
| Address       |  | City       | State        | Zip |  |
| Home Phone    |  | Cell Phone |              |     |  |
| Email Address |  |            | Relationship |     |  |

## C. Information to be Released

Please check the type of information you are providing authorization to release to the parties in Section B or check All Non-Directory Information to authorize release of all non-directory information on your student record.

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Financial Aid       | <input checked="" type="checkbox"/> Grades                        | <input checked="" type="checkbox"/> Attendance |
| <input checked="" type="checkbox"/> Disciplinary Action | <input checked="" type="checkbox"/> All Non-Directory Information |  |



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## D. Certification Statement

Sign and date if providing initial authorization:

I, the undersigned, do hereby waive my rights under the Family Educational Rights and Privacy Act, and authorize Chamberlain University to disclose information regarding my enrollment account and/or debt information to the third parties listed in Section B. This authorization is effective immediately and will remain in place until rescinded by the student. It may be rescinded at any time by submitting a copy of this form with section E completed. Please make a copy of this form for your record.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## E. Rescinding Authorization

Sign and date if rescinding authorization:

I, the undersigned, do rescind the prior authorization given to the third parties listed in Section B for release of information described in Section C, effective immediately.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date