

## Authorization to Release Education Record Information |

In compliance with the Family Educational Rights and Privacy Act (FERPA), the University will not provide information from a student's education record with persons outside the institution – including parents, guardians, spouse – without the student's permission, except for instances allowable by the act.

A student may authorize the University to release and/or discuss information about his/her student record to/with a designated third party.

### INSTRUCTIONS

- **Current and new students: Do not use this form.** Instead, visit NEST>Student Services>Authorize Your Parent or Others to View Your Information. This allows third parties direct read-only NEST access to grades and financial information.
- **Former students with no NEST access:** complete and submit this form. It will be added to the student's file. Only this signed request will permit the University to discuss and release information to the specified third party. This form does NOT prompt any direct or automatic release of information to the third party.

### STUDENT INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
NET ID

### CONSENT AUTHORIZATION:

I authorize the following designated person access to the indicated student record and/or account information. This consent is valid unless I submit a **Revocation of Consent** (see below).

\_\_\_\_\_  
Third Party Name

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Third Party Email Address

\_\_\_\_\_  
Third Party Phone

### Please initial one or more of the lines below to authorize type of information:

\_\_\_ Financial: Billing statements, charges, credits, payments, loan distribution, past due amounts, collection activity, FAFSA application data, financial aid disbursement, financial aid eligibility, financial aid Satisfactory Academic Progress status

\_\_\_ Academic: Grades/GPA, academic status, enrollment information, class schedule, degree requirements and status.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### REVOCAION OF CONSENT: I revoke the authorization granted above:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### \*\*\*REGISTRAR'S OFFICE USE ONLY\*\*\*:

Notified Student's Advisor(s) \_\_\_\_\_ Advisor(s) \_\_\_\_\_  
*Initials, date*

Notified Dean's Office \_\_\_\_\_  Filed in Student File \_\_\_\_\_  
*Initials, date*

Revocation: Notified Student's Advisor(s) \_\_\_\_\_  
*Initials, date*

Revocation: Notified Dean's Office \_\_\_\_\_  
*Initials, date*

### SUBMIT COMPLETED FORM TO:

Creighton University Registrar' Office

2500 California Plaza, Omaha NE 68178

Phone: 402-280-2702 Fax: 402-280-2527 Email: registrar@creighton.edu