

**Taylor College
Family Educational Rights and Privacy Act
Student Release**

Student Name (Last, First): _____

Student SS#: _____

Student's Authorization for Disclosure

I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 (FERPA) and authorize Taylor College to discuss and/or disclose the following educational records to the person listed below:

- _____ Financial Records/Information
- _____ Disciplinary Records/Information
- _____ Report Card

(Specify incident or indicate "All")

_____ Other: _____
(Specify)

_____ All information regarding my enrollment at Taylor College without limitation

Name of Authorized Person: _____

Relationship to Student: _____

Address of Authorized Person: _____

City: _____ State: _____ Zip Code: _____

Telephone # (_____) _____ - _____

The Purpose of releasing this information is: _____

I understand that this authorization will be in effect as long as I am a student at Taylor College or until I revoke this authorization in writing.

I affirm that I have carefully read the foregoing authorization and that I fully understand the meaning and intent of this document. I affirm that I have signed this authorization voluntarily.

Student Signature

Date