



FERPA Release

Office of the Registrar
First Floor, Lincoln Hall
CPO 2168
Berea, KY 40404
Phone: 859.985.3094
Fax: 859.985.3918

The purpose of this form is to allow the individuals listed below to have access to my student records.
Please type or fill out in blue or black ink only.

Student Name: _____
Print student name

Student ID: _____

Student Birthdate: _____

Date: _____

I hereby grant the following person(s):

Person 1: _____
Print Name of Person Relationship to student Record Birthdate of Person Record last 4 digits of SSN of Person

Person 2: _____
Print Name of Person Relationship to student Record Birthdate of Person Record last 4 digits of SSN of Person

Person 3: _____
Print Name of Person Relationship to student Record Birthdate of Person Record last 4 digits of SSN of Person

Person 4: _____
Print Name of Person Relationship to student Record Birthdate of Person Record last 4 digits of SSN of Person

To have access to my following student records:

_____ Academic
_____ Social
_____ Financial

This release remains in effect until amended or revoked by me in writing.

Student Signature: _____

Please submit this form to the Registrar's Office, Lincoln Hall, First Floor