



Authorization to Release Information: FERPA Release Form

Student Name (Please Print) _____

Rocket ID Number _____

(Office use only): UT office(s) or department(s) & phone: _____

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits The University of Toledo to disclose the information specified below to the following individual(s) or agency(ies). The student authorizing the release of his/her educational records must sign and present this form to the appropriate office with a photo ID (when applicable) to verify authenticity of this release.

I authorize my educational records be released to:

Name	Relationship to self
_____	_____
_____	_____
_____	_____

Check the box below to indicate which records you wish to make available:

- All Financial Aid Records** (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).
- All Academic/Transcript Records** (records include: transcripts, admission and registration information, schedule documentation contained in the academic records, attendance, progress reports, test and homework scores if available).
- All Student Account Records** (records include: amount for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account).
- All Conduct/Disciplinary Records**
- All College Records**
- Other** (Please Specify) _____
Please note: Records for Counseling and services for Students with Disabilities are considered medical records and are not covered under FERPA rules. A separate release form must be obtained from these departments.

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to the Department(s) identified above.

Student Signature _____

Date _____