



Fairfax University of America  
 4401 Village Drive  
 Fairfax, VA 22030  
 Telephone: (703) 591-7042  
 Registrar@fxua.edu

## Consent to Release Student Information Form

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. FXUA has adopted policies and procedures that permit students the opportunity to release their educational records upon request. Disclosure of a student's confidential records requires prior written consent of the student. Please submit this form to Registrar's Office.

I, \_\_\_\_\_ **Student ID:** \_\_\_\_\_  
 First Middle Last

**Birth Date:** \_\_\_\_\_

hereby authorize Fairfax University of America to release the following information about me:

- All academic records (admission, attendance, registration/enrollment, grades, GPA, academic standing, graduation/degree)
- All accounting information

OR only these specific items (check individual items):

**ACADEMIC:**

- |                                    |                                     |  |  |
|------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Admission | <input type="checkbox"/> Attendance | <input type="checkbox"/> Registration/Enrollment | <input type="checkbox"/> Academic Standing |
| <input type="checkbox"/> Grades    | <input type="checkbox"/> GPA        | <input type="checkbox"/> Graduation/Degree       | <input type="checkbox"/> Other             |

**To the following individual (s) upon their request:**

1. \_\_\_\_\_  
 (Print Name) (Relationship to Student)

**Address** \_\_\_\_\_ **Email** \_\_\_\_\_

2. \_\_\_\_\_  
 (Print Name) (Relationship to Student)

**Address** \_\_\_\_\_ **Email** \_\_\_\_\_

**Duration of Release (please check one)**

- Use until I complete a new release
- One time use: This release can only be used once

**Purpose of Release**

- |   |  |
|---|--|
| <input type="checkbox"/> Family Communication | <input type="checkbox"/> Admission to an Educational Institution |
| <input type="checkbox"/> Employment           | <input type="checkbox"/> Other (please specify): _____           |

I understand that this information is considered a student education record. Further, I understand that by signing this release, I am waiving my right to keep this information confidential under the Family Educational Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information release under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form. **The authorization on this form will supersede all prior authorizations for release of my information.**

I wish to revoke all consent for release of information.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only			
Date Received: _____	By: _____	Date Processed: _____	By: _____
Rev: 12 Jan 2020			