



Release of Education Records

Student's Name: _____

SPU ID #: _____

Email: _____ **Phone:** _____

Seattle Pacific University is committed to meeting the provisions established in the Family Educational Rights and Privacy Act (FERPA), which protects the right of parents of dependent students and of students who are attending or have attended the University.

Seattle Pacific University will disclose information from a student's education records to individuals beyond University officials **only with a signed, written consent** by the student specifying which records may be disclosed, to whom their records may be disclosed, and the purpose of the disclosure.

Name of Authorized Recipient(s) : _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email: _____

Fax #: _____

The purpose of this release of information is to share the listed information from the student academic record with the designated person(s) above. This release does not include the release of unofficial or official transcripts.

I authorize designated representatives of Seattle Pacific University to disclose the following information from my education records to those individuals listed (above):

- Grades*
- Program(s) of study*
- Attendance (when tracked)*
- Classes completed*
- Classes in which currently enrolled*
- Academic standing*
- Class level*

Student Signature: _____

Date: _____