This authorization allows the University to speak to the designated third party(ies) regarding specific information from your academic record (after the third party has provided the university with your student ID number as a unique identifier).

Seattle U ID: ______________________________ Phone Number: (______)________________________

Student Legal Name: ___________________________ SU Email: _________________________________@seattleu.edu

Non-directory information contained in your student record is confidential and protected by the Family Educational Rights and Privacy Act (FERPA) of 1974. In most cases, information cannot be released to a third party, except authorized university officials, without your written consent.

I authorize designated representatives of Seattle University to discuss the following information from my educational records with those individuals listed below: grades, program(s) of study, attendance (when tracked), advisor, enrolled classes, academic standing and class level.

Please Print:

Name ___________________________ Relationship _______________ Phone(s) (____)____________

Name ___________________________ Relationship _______________ Phone(s) (____)____________

Name ___________________________ Relationship _______________ Phone(s) (____)____________

Purpose: 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 understand that this authorization will remain in effect until I submit a written request to cancel.

☐ Please revoke any previous authorizations for release of information.

► Student Signature: ___________________________________________ Date: ________________

OFFICE USE ONLY
Processed by: __________________________
Date: __________________________

2/11/2020