



## AUTHORIZATION TO RELEASE STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 protects most student information from release by the University. Please see the Catalog for additional information about FERPA.

In most cases, we must have your written permission to disclose non-directory information about you to a third party. This means we must have your permission to discuss your financial aid or account balance or schedule or attendance or academic records/probation information or housing information or disciplinary action information or tutoring received with a parent, or other non-directory information with any third party.

As a student, you may complete this form to grant Santa Fe University of Art & Design the right to release your information to specific third parties (such as parents, spouses, and/or sponsors).

I, \_\_\_\_\_, (Student ID #)\_\_\_\_\_. hereby authorize Santa Fe University of Art & Design to release and/or orally discuss the education records described below about me to:

Name Santa Fe University of Art and Design Charitable Foundation Relationship Scholarship SS# Last 4 digits N/A

Name \_\_\_\_\_ Relationship \_\_\_\_\_ SS# Last 4 digits \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ SS# Last 4 digits \_\_\_\_\_

*Authorized individuals will be required to give the last four digits of their Social Security Number each time they call Santa Fe University of Art & Design to receive any information. This is to protect the student's confidential information.*

I authorize Santa Fe University of Art & Design to release **ALL** information to the above parties unless otherwise noted:

Please specify:

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The above information will be released with my **FULL CONSENT**. I understand that this authorization remains in effect from today through my graduation or my withdrawal from Santa Fe University of Art & Design. I understand that this information may not be further disseminated. I also understand that I can submit a written request to cancel my authorization at any time.

Please return this form to the Office of the Registrar.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_