

## FERPA (FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT) RELEASE FORM

Date:			
I,		, hereby autho	rize Pacific School of Religion staff to disclose,
make ac	cessible, and	furnish the following inform	ation:
	□ Offic	ial Transcript	
	□ Finaı	ncial Aid Record(s)	
	□ Disci	plinary Information	
	□ Stude	ent Accounts Information	
	Dean	's Office File(s)	
		sing File(s)	
	□ Othe	r: Description:	
to	Relationship to student		
		ty to whom records are to be released	
D 01			
Email: _			
	(Email address	s of person or entity to whom records	s are being released)
Phone N	No.:		
		lber of person or entity to whom reco	
	(1 none nam	isor or person or citatey to whom reco	and to be released)
These re	cords will be	used for the purpose of	·
This rele	ease shall be e	ffective until	unless revoked by me in writing.
		(Date)	
(Colleague	e ID Number)	(Student Phone Number)	(Student Email Address)
(Student M	Mailing Address)		

(Student Signature)