



Permission to Release Education Record Information

NOTICE TO STUDENTS

Annually, Indiana University-Purdue University Fort Wayne (IPFW) informs students of the *Family Educational Rights and Privacy Act of 1974 (FERPA)*, as amended. This *Act*, with which the institution intends to comply fully, was designated to protect the privacy of educational records, to establish the rights of students to inspect and review the educational records, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Students also have the right to file complaints with The Family Policy Compliance Office concerning alleged failures by the institution to comply with the *Act*.

The IPFW Release of Student Information policy explains in detail the procedures to be used by IPFW for compliance with the provisions of the *Act*. A copy can be obtained at www.ipfw.edu/academics/regulations/policies/release.shtml. It is also printed in the student handbook and the university bulletins. Questions concerning the *Family Educational Rights and Privacy Act* may be directed to the Office of the Registrar.

Requested By (Student):

Release To (Recipient):

LAST NAME	FIRST NAME	LAST NAME	FIRST NAME
STUDENT IDENTIFICATION NUMBER		ORGANIZATION/SCHOOL	
RELATIONSHIP TO RECIPIENT		ADDRESS	
CITY, STATE, ZIP			

In accordance with FERPA, the University will disclose information from the academic records of a student provided the University has on file written consent of the student. Please sign below and return to the Office of the Registrar if you consent for the University to release your educational records. **This permission is valid until a written request to rescind is received by the Office of the Registrar.**

I give permission for Indiana University-Purdue University Fort Wayne to release information to the recipient listed above.

Note: Student information cannot be shared via telephone or email. Positive photo identification of recipient is required.

STUDENT SIGNATURE _____ DATE _____

OFFICE USE ONLY

Action taken: SPACMNT Completed

DATE _____ SIGNATURE _____