



2507 University Avenue
Des Moines, Iowa 50311-4505
1-800-44-DRAKE (37253)
www.drake.edu

STUDENT AUTHORIZATION FOR RELEASE OF INFORMATION

Pursuant to the Family Educational Rights and Privacy Act (FERPA) and Drake University policy, the University does not release personally identifiable education records without the written permission of the student whose education records are involved. With this understanding, I desire to authorize Drake University to release my confidential student information to the below-named third party or parties.

I, _____ do hereby grant permission to Drake University to release (check all that apply)
(name of student)

_____ Any and all of my academic records

_____ Any and all of my student conduct records

_____ All of the following information/records:

I permit the above listed information to be released to: (please be specific and list all names that apply)

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

I understand that:

- Under FERPA, I have the right not to consent to the release of my educational records.
- I have the right to receive a copy of such records upon my request to Drake University.
- This consent shall remain in effect until revoked by me, in writing, and delivered to Drake University Office of the Registrar, but that any such revocation shall not affect disclosures previously made by Drake University prior to the receipt of my written revocation. I am also aware that Drake University is not responsible for the way in which any of the information released under this authorization is used.
- A photocopy of this form will be treated as an original signature by Drake University.

Student's Name: _____

Student's ID#: _____

Signature of Student: _____

Date: _____

Submit completed form to the Office of the Registrar

By email: registrar@drake.edu

By fax: 515-271-3977

By mail:

Office of the Registrar

Drake University

2507 University Ave

Des Moines, IA 50311