



Catholic Distance University Student Consent for Release of Information to Third Parties

STUDENT CONSENT FOR RELEASE OF INFORMATION TO THIRD PARTIES The Federal Educational Rights and Privacy Act (FERPA) protects the privacy of student education records by prohibiting their disclosure without the student's written consent, except under limited circumstances. Students may choose to allow the release of their education records to specified third parties by completing this form. Please note that all fields listed below must be completed and that the student must sign and date this form. Please further note that while this form may authorize the University to release the student's records, it does not obligate the University to do so. This Consent for Release of Information is a one time authorization specific to this request only. The University reserves the right to review and respond to requests for release of education records on a case-by-case basis.

I. Student Information*

1. Student's Legal Name (First, Middle, Last)

2. Student Identification; provide a copy of US government-issued id. Please indicate which form of ID you are submitting: _____

II. Authorized Third Party*

Add the required information for each of the parties to which you (the student) authorize CDU to release records:

NAME (FIRST, LAST)	ADDRESS (STREET, CITY, STATE, ZIP)	RELATIONSHIP TO THE STUDENT AND PURPOSE FOR THE RELEASE OF RECORDS

III. Records to be Released*

Specifically list all records (e.g., academic progress, communications, midterm grades, course progress, course grades, transcripts, or other):

IV. Signature*

All official transcripts requested by a third party must be obtained through the Office of the University Registrar, registrar@cdu.edu. Please contact the Registrar's office at 304-724-5000 with any questions relating to transcripts.

I understand that I have the right to: (1) not to consent to the release of my education records, (2) inspect any written records released pursuant to this consent, and (3) revoke this consent at any time by delivering a written revocation to the University Registrar.

Student Signature: _____ Date: _____

*Required