



UNIVERSITY OF HOLY CROSS

Office of the Registrar - 4123 Woodland Drive, New Orleans, LA 70131
(504) 398-2235 - registrar@uhcno.edu

FERPA RELEASE

Name: _____
Last First M.I.

Date of Birth: _____ Student ID: 000 - _____ - _____

Phone: _____ Email: _____

The Family Rights and Privacy Act of 1974 (FERPA) provides for the confidentiality of student education records. The University of Holy Cross may neither disclose certain educational information concerning students nor permit inspection of their education records without the permission of the student unless such actions are covered by certain exceptions as stipulated in FERPA. I hereby grant permission to the officials of the University of Holy Cross to provide copies of written records, permit inspection and review of the contents of my education records and/or to discuss my academic performance with the following person(s):

Name Relationship

Name Relationship

Name Relationship

This request is made in compliance with the FERPA (20 U.S.C.A. Sec. 1232G).

Please initial all that apply:

- _____ All academic records, graduation, and registration records in the Registrar's Office
- _____ All disciplinary records in the Campus Life Offices
- _____ All financial aid information in the Financial Aid Office
- _____ All financial records in the Student Accounts Office
- _____ All business records in the Business Office
- _____ Other _____

Access to this information does not grant others permission to alter the student's record or conduct business on behalf of the student. Changes to the student enrollment or academic record must be made by the student.

This Release remains in effect until you provide written revocation of your consent.

Student's Signature

Date

REGISTRAR'S OFFICE USE ONLY:	
_____ Processed by	_____ Date