



STUDENT INFORMATION RELEASE

ATTENTION: THIS FORM WILL NOT BE ACCEPTED TO REQUEST TRANSCRIPTS.

Submit form to: Registrar's Office, SC 235, 1000 Regent University Dr, Va. Beach, VA 23464 or fax to: 757-352-4033

IMPORTANT: Regent University protects the confidentiality of the education records of current and former students. This policy is in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended. **At its discretion the institution may provide directory information to include: student name, address, telephone number, date and place of birth, major field of study, dates of attendance, degrees and awards received, the most recent previous educational agency or institution attended by the student, photograph and participation in officially recognized activities.** Students may withhold directory information by notifying the Registrar's Office, in writing, within two weeks of the posting of the annual notice that advises students of their rights. The full text of this policy, including procedures for inspecting and amending one's education records, are printed in the Student Handbook.

Information requiring authorization for release can either be: **Confidential Directory Information** (any information listed above when a student has placed a confidentiality hold on their information, as outlined in the above policy.) OR **Non-Directory Information** (any information *not* listed above and always considered confidential, i.e., grades, account information.)

NAME: _____	SS#: _____		
ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	PHONE: _____
SCHOOL: _____	STUDENT ID: _____		

I give permission for Regent University to release my:
_____ OR All Information May Be Released:
(specific info to be released, i.e., financial, account, academic info, etc.)

Term(s): _____
(if no term specified, release is in effect for all terms)

to: _____
(name)

for: _____
(state purpose)

In order to assure your privacy, please create a password that only you and the person(s) specified above will know. Be creative and provide a password that is not obvious to others. Make it something you can remember and **ONLY** share it with those mentioned above. This password must be used when making all inquiries which are not in person and anyone you have given permission to access your records *must* know this password.

My password is: _____

Signature Date

Administrative Use Below:

SPACMNT ٢ Date: _____ Registrar Staff: _____