

Privacy Release

In accordance with the Family Educational Rights and Privacy Act (FERPA), Simpson University is committed to the rights of students who are attending, or have attended the University. A student's right to privacy regarding their financial information is an area covered by FERPA as well as the Gramm-Leach-Bliley Act.

Student records: academic records, student life records, and student financial services records, may be released to another individual if the student consents by completing this form and returning it to Student Financial Services/Registrar, Suite 201 of Owens Center.

Please complete a separate form for each authorized individual. This release remains in effect until you provide written revocation of your consent.

formation to:	, hereby give Simpson U	niversity permissio	n to release, u	pon request, the fo
First Name	Last Name	Address		
Relation to Studer	nt	City	State	Zip
Pass Phrase* (15 Character Maximum)		Phone		
•	ble to give this pass phrase to the ual. Without this pass phrase, no			
information will be released in person or on the phone.		Email		

Please initial your selections:

- Academic Records (records include: GPA, grades, academic status, major/minor, schedule, graduation, assessment test scores, attendance records, study abroad information, progress reports, and instructor records)
- _____ Student Life Records (records include: disciplinary records and housing status)
- Student Financial Services Records (records include: balance and fee information, credits of enrollment, sources of payment, refund information, records holds, financial aid award detail, loan status, income information, distribution of financial aid funds, Satisfactory Academic Progress standing and any other information contained in the financial aid file)

___ I authorize regular account statements to be mailed to the listed individual.

Check any of the following that apply:

I hereby revoke	the consent	given	previously to:	_

□ I hereby revoke consent given previously to any individual.

Although I understand I am not required to release this information, I am giving my consent to Simpson University to disclose these records to the listed individual.

Student Signature	Date	Student ID#

Return form to Student Financial Services/Registrar, Suite 201, 2211 College View Dr, Redding, CA 96003

Students wishing to deny disclosure of directory information must contact the Registrar's Office for further information.