

STUDENT AUTHORIZATION TO RELEASE EDUCATIONAL RECORD INFORMATION

In accordance with regulations contained within the Family Educational Rights and Privacy Act, Chapman University will disclose to designated parties information from educational records of a student provided the University has on file written consent of the student. Please sign below and return to the Registrar's Office if you consent for the University to release to such designated parties your educational records.

I hereby authorize Brandman University school officials to release my educational records to the following:

Name	Relation
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Name	Relation
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Name	Relation
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This release does not permit the disclosure of these records to any other persons or entities without my written consent unless specifically allowed for within FERPA regulations. I understand that I may revoke this authorization at any time.

Student's Name (print)	Date
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Student's Signature	Student ID Number
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Specific Records to release (if all records may be released, indicate "Any Educational Records Requested"):

Purpose for which records are to be released (if for any purpose, indicate "Any Purpose"):
