

# STUDENT RELEASE OF RECORDS FERPA AUTHORIZATION FORM

(Family Education Rights and Privacy Act)



HANNIBAL-LAGRANGE UNIVERSITY  
OFFICE OF THE REGISTRAR  
2800 Palmyra Road Hannibal, MO 63401  
573.629.3046 fax: 573.221.4293  
registrar@hlg.edu

## TO BE FILLED OUT BY THE STUDENT ONLY:

I, \_\_\_\_\_ (print name), hereby authorize Hannibal-LaGrange University to release my educational records, as indicated below, for the purpose of:

- Academic Assistance    Payment of Tuition    Verification of Enrollment/Progress  
 Other: \_\_\_\_\_

## Initial on the lines below to indicate which records you wish to make available:

\_\_\_\_\_ **All Academic/Educational Records** (records include: admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records)

\_\_\_\_\_ **All Student Account Records** (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records)

\_\_\_\_\_ **Instructor/Classroom Records** (records include: attendance, progress reports, test and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the final grade. FERPA pertains to the release of records. Instructors are not required to have conversations about academic progress with anyone other than the student.)

\_\_\_\_\_ **Other (Please Specify)** \_\_\_\_\_

**The following individual(s) is authorized to access the information indicated above:**

**PLEASE PRINT FULL NAME(S)**

Spouse: \_\_\_\_\_ Mother/Stepmother: \_\_\_\_\_

Agency: \_\_\_\_\_ Father/Stepfather: \_\_\_\_\_

Other (specify name and relationship): \_\_\_\_\_

Although I understand I am not required to release this information, I am giving my consent to Hannibal-LaGrange University to disclose these records. I also understand that this release remains in effect unless I revoke my consent in writing and deliver it to the Office of the Registrar.

HLG ID # \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number for the Student: \_\_\_\_\_

**FERPA pertains to the release of records only. It does not give others the right to act on your behalf or to change your records.**

The original form must be kept on file in the Office of the Registrar. Upon request, a copy will be sent to the appropriate campus offices for their files.