

Student Information Release Form

FERPA Waiver

(Family Education Rights and Privacy Act)



Hannibal-LaGrange University

Office of the Registrar

2800 Palmyra Road | Hannibal, MO 63401

Phone: 573-629-3046 Fax: 573-221-4293

Email: registrar@hlg.edu

Web: www.hlg.edu/academics/registrar

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

TO BE FILLED OUT BY THE STUDENT ONLY:

Name: _____ ID Number: _____

Initial beside each item you want to be released.

_____ **Academic/Educational Records** (examples include: admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other document contained in the academic records.)

_____ **Financial Records** (examples 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 awards, financial aid repayments, and any other account receivable information contained in student records.)

_____ **Instructor/Classroom Records** (examples include: attendance, progress reports, and 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) are authorized to access the information indicated above: PLEASE PRINT FULL NAME(S)

Name: _____ Relationship: _____

Security Code (must be at least 4 digits): _____

Any person requesting information must be listed above and answer the security code above. Students requesting information over the phone will also be required to provide the security code above.

I hereby authorize Hannibal-LaGrange University to release my educational records as listed above. 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 Registrar.

Student Signature: _____ Date: _____

The form will be kept electronically in the Office of the Registrar. Upon a request, a copy will be sent to the appropriate campus officer for their files.