



Office of Academic Records and Registration

Bryant University, 1150 Douglas Pike, MRC 202
Smithfield, Rhode Island 02917

Phone: (401)232-6080 Fax: (401)232-6065
www.bryant.edu/academicrecords

Student Information Release (FERPA) Form

“The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.” (From the www.ed.gov website)

Student Name (please print): _____ Student ID: _____

I authorize the release of the following information (check all that apply):

Academic information (including, but not limited to, mid-term grades, final grades, schedule, course progress information, etc.)

Financial information (including, but not limited to, account balances, account charges, payments, billing information, holds, etc.)

I authorize the release of this information to the following person(s):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

(If person listed above does not reside at student’s permanent address of record, please provide address below for purpose of grade mailers.)

Street 1: _____

Street 2: _____

City: _____ State: ____ Zip: _____ Nation: _____

By signing this form I am certifying that I understand my rights under FERPA and elect to allow disclosure of my academic and/or financial information to the third parties indicated. I also understand that this release remains in effect for the time that I am enrolled at Bryant University or until I complete a “Cancellation of Student Information Release Form” and submit that form to the Office of Academic Records for processing.

Student Signature: _____ Date: _____

For office use only: Received: _____ Date: _____ Processed: _____ Date: _____
