

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION TO A THIRD PARY

Print Form

Please return form to the Office of the Registrar at Registrars@Ben.edu from your BenU email address.

(This form is NOT to be used to authorize the release of information to parents)

			Please check:
PRINT Student's Name	Stude	ent ID Number	Academic Financial
Permanent Street Address	City	State Zip Code	
dentifiable information about stu- from a limited number of excepti- information to anyone but the stu- nuthorize Benedictine University	nd Privacy Act (FERPA) protects adents in any education records m ions, Benedictine University will nudent without his/her written per to discuss all aspects of listed inform will remain in effect for the current.	aintained by the Unit ot disclose personally mission. By signing b formation with the inc	versity. Aside y identifiable elow, you dividuals named
Please print.			
Name/Relationship	Name/Relationshi	Name/Relationship	
Address	Address	Address	
City, State, Zip	City, State, Zip	City, State, Zip	
Геlерhonе	Telephone		
	Date:	appropriate. This auth	
	o <u>revoke</u> the above Authorization onfidential Information effective		

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