AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

	hereby voluntarily authorize officials in the
[Print Name of Student]	(dougl@sd fs.less to disclose controlle (dougl@st.le
information from my educational records. (Please che Office of the University Registrar	identified below to disclose personally identifiable ck the box or boxes that apply):
Scholarships and Financial Aid	
Student Financial Services	
Undergraduate Scholars @ UH (formally U	SD)
University Advancement	<i>52</i>)
Dean of Students Office	
Other (Please Specify)	
Specifically, I authorize disclosure of the following in boxes that apply): Academic Advising Profile/Information	formation or category of information. (Please check the box or
Academic Records	
All University Records	
Billing/Financial Aid	
Disciplinary	
Grades/Transcripts	
Housing	
Photos	
Scholarship and/or Honors	
Other (Please Specify)	
This information may be released to:	
[Print Name(s]	of Individual(s) To Whom University May Disclose Information
[List Additional Individuals if Necessary	for the purpose of informing:
Family	
Educational Institution	
Honor or Award	
Employer/Prospective Employer	
Public or Media of Scholarship	
Other (Please Specify)	
	the phone: The password nust provide the password to the individuals or agencies listed to the caller if the caller does not have the password. A new
orally or in the form of copies of written record	this form. I understand the information may be released ds, as preferred by the requester. This authorization will revoked by me, in writing, and delivered to Department(s)
Student Name [please print]	PeopleSoft I.D. Number
Student Signature	Date

Please Retain a Copy for your Records Document may be Submitted to Registrar's Office FERPA Authorization Form OGC-SF-2006-02 Revised 11.10.2022 Page 1 of 1