



Registrar's Office

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FERPA RELEASE OF INFORMATION

_____	_____
Student Name (the "Student")	Student ID
_____	_____
Student Signature for Release of Information	Date of Signature

I am giving my permission to Siena Heights University to release the following information to the person or entity (the "Party") identified below:

_____ Grades/Transcripts	_____ Schedule of Classes
_____ Billing Statements	_____ Copies of Assignments
_____ Financial Aid Information	_____ Other _____
_____ Disciplinary Information & Action	

Release the above information to:

Party: _____

Address: _____

Phone Number: _____

Relationship to Student: _____

If the above Party requests information concerning Student's records, that Party shall indicate that Siena Heights University has a signed release from Student on file.

Any request for release of FERPA protected information to a third party, including parents, must be approved by the Student. The Student's signature is required for release of any FERPA protected information. The Student shall identify the Party that the information is to be released to and the information that shall be disclosed on this form. Any Party requesting information from a Student's file shall have been approved by the Student with this signed Release or present a valid power of attorney for the Student to the Registrar's Office. This Release is valid until rescinded by the Student upon providing written notice to the Registrar's office.

Access to Student records in the University's electronic imaging system is restricted to the Student and certain University employees with a legitimate interest in those records.