

UNIVERSITY OF LA VERNE THIRD PARTY AUTHORIZATION FORM

I understand that under the provisions of the Family Education and privacy Act of 1974, as amended, my academic and/or financial aid records (other than Directory Information) will not be released without my written approval. I hereby authorize the University of La Verne Offices, inclusive of the University Registrar or the Academic Advising Office (or academic advisors) to release information to the person(s) named below regarding grades and/or class progress; Financial Aid and Student Accounts to release account information, and/or information regarding aid eligibility, offers of assistance and disbursements related to financial aid, to the person(s) named below, as noted. I waive any requirement that I be furnished a copy of those records prior to or concurrent with their release. **This consent remains in effect until otherwise rescinded in writing and submitted to the Office of the Registrar.** A photocopy of this authorization shall be considered as valid as the originally signed document. The university will not release information via phone or email. ID verification will be required.

STUDENT INFORMATION

Student Name _____ Student ID _____

LOCATION (check one):

- LA VERNE CAMPUS ABTC CAPA ECBCS LA VERNE ONLINE
- RCA CAMPUS (circle one): CENTERS FOR EDUCATORS CENTRAL COAST HIGH DESERT
 INLAND EMPIRE KERN COUNTY ORANGE COUNTY
 PT. MUGU SAN FERNANDO VALLEY VANDENBERG AFB
 VENTURA COUNTY

Mailing Address _____

City _____ State _____ Zip Code _____

Phone # (Home) _____ (Cell or Alternate #) _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Check All That Apply:

- Academic** information, including but not limited to grades and GPA, demographics, registration, student ID number, academic progress status, degree status and or enrollment information.
- Financial Aid** awards, application data, disbursements, eligibility, and/or financial aid satisfactory progress.
- Student Account** information including, but not limited to balances, statements, charges, payments, credits, past due amounts, collection activity, University maintained loan disbursements, and repayment history.
- Other** (please specify): _____.
- Authorization to release information on **All** categories listed above.

Authorized Individual(s): I hereby provide permission for the University of La Verne to release my student information for the purpose(s) as indicated above to the following individual(s) without further consent and until further written notice:

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

As specifically stated above, this authorization shall be considered as a waiver of any and all my rights and /or privileges as provided under the Family Educational Rights and Privacy Act (FERPA), as amended.

Student Signature

Date

Please return form to:
University of La Verne, Office of the Registrar
1950 3rd Street, Woody Hall, La Verne, CA 91750
Fax: 909-392-2703