

Student Information Release Form

Under the provisions of the Family Education Rights and Privacy Act of 1974, students have the right to allow or deny GCU to disclose student education records, either academic or financial. By completing this form, you are requesting GCU to disclose personally identifiable information relating to your education record to a specific third party. Third party requests without a completed Student Information Release Form will not be fulfilled. All fields on this form must be completed by the student in order to be processed. If you are a direct bill student, it is imperative that you list the employer/organization as an entity to which GCU may release your academic/financial information.

This authorization to release information has no expiration date; however, you may revoke your authorization at any time by submitting an updated SIRF form rescinding approval.

Student Information: *(please type or print clearly, *required field)*

*Last Name _____ *First Name _____ Middle Initial _____
Maiden/Former Name(s) _____ *Date of Birth (mm/dd/yyyy) _____
*Street Address _____
*City _____ *State _____ *Zip _____
Country (if not U.S.) _____ *Last Four Digits of Social Security Number _____
At least one phone number required – Home Phone _____ Work Phone _____
Cell Phone _____ Email Address _____

Reason for Release*: *(select one)*

State Licensure/Organization Parent/Guardian Military Direct Bill Organization
 Spouse Other (please explain): _____

Information to be Released*:

ALL (if "ALL" not selected, please indicate which items)

Academic Record (select all that apply) Attendance Grades Holds Schedule Status Discipline/Behavior
Financial Information (select all that apply) Balance Collection Status Method of Payment Form of Payment Status

Third Party Information:

*Last Name _____ *First Name _____ Middle Initial _____
Title _____ Company _____
Phone (Required if Direct Bill) _____
*Street Address _____
*City _____ *State _____ *Zip _____
Email Address _____ *Password _____

Note: Third party must be able to provide verification of identity when requesting information by providing the third party password. This password is a confidential code between you and your third party. Please be sure not to share this password with anyone else. The password cannot be your name, address, phone number or username. Only choose an option below if you are removing an existing release form. Otherwise, this will be considered an additional 3rd party approval to release records.

I wish to rescind the following third party's ability to receive my information _____
 This form replaces all existing FERPA releases

*Student Signature _____ *Date _____

Please fax this completed form to 877-272-2849