



Student ID# _____

Student's Name _____



FERPA Release Form

It is the policy of Liberty University, in accordance with the Family Educational Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our students' educational records unless the student has consented to disclosure or FERPA allows disclosure. Information, such as name and address, may be disclosed to the public. However, private information, such as grades, class schedules, the student's account, and financial aid awards may not be released or discussed without express consent from the student.

Signing this form provides such consent, according to the information designated for release and to whom it is to be released.

I, _____, Student ID Number _____, authorize Liberty University including its Athletics Department to release the following education records, upon request, to the persons listed below, for the purpose of keeping them informed regarding my education or athletic participation at Liberty University.

Please initial all that apply:

_____ All records related to student's athletic participation including, but not limited to, records regarding injuries, treatment, and medical conditions which may contain protected health information.

_____ Other _____

Persons to whom information may be released:

Name: _____

Name: _____

Name: _____

I acknowledge by my signature that I understand that, although I am not required to release my records, I am giving my consent to release the designated records to the above named person(s). I understand that this release will remain in effect unless I revoke such consent in writing and the revocation is received and processed by Liberty University. Please return to Liberty University Athletic Dept. 1971 University Blvd., Lynchburg VA 24515.

Signature: _____ Date: _____