



UNIVERSITY OF ST. THOMAS

OFFICE OF THE REGISTRAR

Student Consent to Release Information

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UST Student ID Number

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Last 4 of Social Security Number

Please Print Clearly

Name _____

First

Middle

Last

Date of Birth (MM/DD/YYYY) _____

Phone # _____

Understanding my privacy rights under FERPA as indicated on the Registrar's web page at http://www.stthom.edu/Offices_Services/Offices/Office_of_the_Registrar/FERPA/Index.aqf, I consent to giving access to the information contained in my education records to the following individual(s). I understand that this allows the following individuals access to view my records but not to act on my behalf, as with a Power of Attorney.

_____ Name of Individual	_____ Date of Birth (MM/DD/YYYY)	_____ Relationship
_____ Name of Individual	_____ Date of Birth (MM/DD/YYYY)	_____ Relationship
_____ Name of Individual	_____ Date of Birth (MM/DD/YYYY)	_____ Relationship

I understand that this access will continue until I revoke this access in writing by submitting the Student Revocation of Access form to the Registrar's office.

Student Signature

Date

Registrar's Office Use Only:	Processed by: _____	Date: _____
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**** FORM MUST BE RETURNED TO THE REGISTRAR'S OFFICE FOR PROCESSING ****