



UNIVERSITY OF ST. THOMAS

STUDENT CONSENT TO RELEASE INFORMATION

Student's Name: _____

UST ID #: _____

Social Security #: _____

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.

Table with 3 columns: Name of Individual, Relation, Social Security # & Date of Birth (for verification purposes only). It contains four rows for listing individuals.

I understand that this access will continue until I revoke this access in writing below; or until I cease to be a student at The University of St. Thomas.

Student's Signature: _____

Date: _____

Please Return Completed Form To The Registrar's Office

Date Received: _____ Initials: _____ Date Entered: _____ Initials: _____