

SAMUEL MERRITT UNIVERSITY
Office of the Registrar

Registrar2@samuelmerritt.edu

DISCLOSURE OF INFORMATION AUTHORIZATION

PART A:

I, _____, a current student at Samuel Merritt University, understand and agree that, by completing this form, I authorize the University to disclose the following educational records (check only those areas of information for which you wish to waive the right to privacy) without first obtaining my consent, in accordance with the Family Educational Rights and Privacy Act (FERPA). I authorize the Registrar to release the information indicated below.

_____ Academic progress

_____ Disciplinary matters

_____ Financial Aid information

_____ Other: _____

PART B:

The information checked above may be disclosed only to:

_____ Parent/s (specify): _____

_____ Other relative (specify): _____

_____ Other individual (specify): _____

By signing this release, I understand that I have specifically asked that only certain information be disclosed to only specific members of my family or a specific individual as designated above. I understand and acknowledge that I am not required to sign this form, and that if I do not sign this form, the University is required to obtain my consent to disclose information contained in my educational record unless the disclosure is made subject to a specific exception under FERPA.

I understand and agree that I am signing this form voluntarily and that I can terminate or alter this waiver at any time.

Student signature: _____

Date: _____

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