

# Family Educational Rights and Privacy Act (FERPA)

**2018-2019**

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
LAPU ID#

It is the policy of LAPU, in accordance with the Family Educational Rights and Privacy Act (FERPA), to withhold personal information contained in our students' records unless the student has completed this FERPA release form or FERPA allows disclosure. Directory information, such as name and address, may be disclosed to the public. However, private information, such as the student's account and financial aid information will not be released without a completed FERPA form on file.

I am authorizing the release of Financial Aid, Student Account and Registration information.

Person(s) to whom information may be released:

**Name**

**Relationship**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following information will be required before we will release any private information to the person(s) listed above.**

**Passcode created by the Student:** \_\_\_\_\_

**Student's Last Name:** \_\_\_\_\_

**Last 4 digits of the Student's SSN:** \_\_\_\_\_

**Street Name the Student Lives on:** \_\_\_\_\_

I authorize LAPU to release the following private information, upon request, to the persons listed above. I understand that no information will be released to any party outside the university without my written permission.

I understand that this information needs to be updated annually for each new award year.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**