



**FERPA RELEASE FOR DISCLOSURE
OF STUDENT EDUCATION RECORDS FORM**

Name of Student: _____ Date: _____

Date of Birth: _____ Student ID Number: _____

I, the undersigned student, hereby grant permission and authorize Rockhurst University to disclose information in my education records, including but not limited to cumulative credit hours, completed semester hours, semester and cumulative grade point average, university discipline records pursuant to the Family Education Rights and Privacy Act ("FERPA") to the following campus approved organization:

Rockhurst University Service-Immersion Trip Coordinators and Companions

This release and authorization allows for the ongoing exchange of education records and information between Rockhurst University and the entities listed above. I understand that I may revoke this consent, in writing, at any time, but revocation will not affect disclosures previously made by Rockhurst University prior to the receipt of any revocation.

I agree to release Rockhurst University and its past and present officers, employees, agents, and successors, to the maximum extent permissible under law, from all claims and liabilities for damages, known or unknown, that may result from compliance with this authorization and release.

BY SIGNING BELOW, I UNDERSTAND AND AGREE WITH THE CONTENTS OF THIS AUTHORIZATION AND RELEASE. I FURTHER UNDERSTAND THAT THIS IS A LEGALLY VALID AND BINDING OBLIGATION TO RELEASE CERTAIN PARTIES FROM ALL KNOWN AND UNKNOWN CLAIMS.

Student Signature: _____ Date: _____

Printed Name: _____ Student ID No.: _____

REVOCAION OF AUTHORIZATION

I hereby revoke authorization for Rockhurst University to disclose records and information to the individuals and/or entities listed above.

Student Signature: _____ Date: _____