



Permission to Release Education Record Information

Last Name

First Name

HU ID Number

Howard University Email Address

Contact Number

In compliance with the federal Family Educational Rights and Privacy Act of 1974 and the Howard Student Privacy Policy, the University is prohibited from providing certain information from your education records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work- study, or loan amounts) and other student education information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the University permission to release information about your student records to a third party by submitting a completed Permission to Release Education Record Information form. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The University does not automatically send information to a third party.

Submit your completed form to the Office of the Registrar. Please note that your authorization to release information has no expiration date; however, you may revoke your authorization at any time by sending a written request to the Office of the Registrar. NOTE: For the third-party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record. However, it is University policy not to release certain aspects of student records (e.g., registration, grades, GPA) over the phone or via email.

I hereby authorize the following changes regarding third-party access:

Third Party

Relationship

Education Record Release (check all that apply):

Academic Education Record

Grades

Course registration

Transcript request

Financial Education Record

Billing (payments, account statements and activity)

Tuition and Fee assessment

I hereby revoke and rescind my consent allowing Howard University to release financial and/or academic information from my education records to those individuals identified on this document below. I understand that I will be required to complete and submit a new release form if I wish to grant access to information from my education records to third parties in the future. I further understand that this revocation shall be effective five (5) business days after receipt of this form by the Office of the Registrar:

Third Party

Relationship

Photo ID is required when submitting this consent form. If you are emailing this form, please use your Howard/Bison email address and include a legible copy of your government issued photo ID. (To protect your information, encrypt the email by typing "ZSecure" anywhere in the subject line.)

Certification

I certify that the information I have provided is accurate and complete, and I understand that I have the right to inspect written records released pursuant of this consent, and I have the right to revoke this consent at any time.

Student Signature: _____ Date: _____

For Office Use Only:

Received By: _____ Date Entered: _____