



FERPA Release Form
The Family Educational Rights and Privacy Act

University Registrar
615-547-1342

Student Financial Services
615-547-1243

Business Office
615-547-1218

_____ CU ID No. _____
 Last First MI

Cell Phone # _____

Mailing Address:
 Street & No. or PO Box: _____ E-mail: _____

City, State, Zip: _____

This authorization is valid until canceled. This student may cancel this release at any time by submitting another FERPA form to the CU Registrar.

I give my permission for Cumberland University to release selected items below.

Yes No

Student signature _____ Date _____

AUTHORIZATION TO RELEASE EDUCATION INFORMATION (check all that apply)

ALL RECORDS

Accounting – Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections information and debt information.

Admission – Includes date of application, program selected, documents received, documents pending, date of admission, admission status and conditions of admission.

Registration – Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.

Academic Records – Includes courses taken, grades received, GPA, academic progress, honors, transfer credit award and degrees awarded.

Financial Assistance – Includes all general financial assistance information.

Recommendation – includes letters of recommendation, evaluation forms.

Medical History – specifically for clinical/educational placements

PLEASE PRINT CLEARLY (P=Parent, G=Guardian, S=Spouse, O=Other)

Release to Cancel _____ Relationship (circle one):
 Name P G S O

Release to Cancel _____ Relationship (circle one):
 Name P G S O

Release to Cancel _____ Relationship (circle one):
 Name P G S O

Release to Cancel _____ Relationship (circle one):
 Name P G S O

PICTURE ID IS REQUIRED WITH THIS FORM. If mailed or faxed, an enlarged photocopy of ID with a signature is required	Verified by: _____	Date: _____
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