

Student Information Release Authorization

Office of the Registrar



UNIVERSITY OF ST. THOMAS

In compliance with the Federal Family Education Rights and Privacy Act of 1974, the University of St. Thomas is prohibited from providing certain information from your student 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 record information. This restriction applies, but is not limited, to your parents/guardians, 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 Student Information Release Authorization. **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 in person to the Office of the Registrar. **Please note that your authorization to release information has NO EXPIRATION DATE.** This form allows third parties to access student information from any University of St. Thomas campus. 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. *Please note that the University reserves the right not to release certain aspects of student records (e.g., registration, grades, GPA) over the phone or via email.* You may revoke your authorization at any time by filling out this form using the *Revoke Authorization* section and submitting to the same office stated above.

Student Information

Name: _____

Student ID: _____

Signature: _____

Date: _____

Third-Party Designee

Name: _____

Email Address: _____

Relationship: _____

Mailing Address: _____

Authentication

When the party named above contacts the University of St. Thomas, s/he will be asked to authenticate her/his identity by providing a special identifier code. You, the student, should create this identifier and provide it to your third party contact. Do not choose an identifier that could easily be guessed. If your third party contact is not able to correctly provide the six digit identifier, UST will not release any information from your record. If you forget or misplace your six digit identifier, UST can provide it to you in person (by visiting the Herzstein Enrollment Center and providing a photo ID) or in writing upon request (code will be sent to your @stthom.edu email address). **The identifier must include exactly three (3) letters and three (3) numbers (e.g. HTA515).**

Identifier Code: _____

Revoke Authorization (To revoke a prior authorization to release only)

By signing below, I hereby revoke any prior authorization for the University of St. Thomas to disclose my information with the individuals listed above, effective immediately. Signature: _____ Date: _____

Office Use Only

Signature: _____

Date Processed: _____