

1235 University Blvd. Steubenville. OH 43952

Student Name:	ID #:
CONSENT TO THE RELEASE O	F EDUCATIONAL INFORMATION
third party, unless the student has notified the Reg	University of Steubenville has designated the not require specific student consent to discuss with a istrar's Office in writing to the contrary: student major fields of study, dates of attendance, degrees, ous educational agency or institution attended,
by FERPA, without the student's written permission permission to release confidential information to the completing the form below. Confidential information deficiencies, attendance, class schedules, financial and the confidential information deficiencies.	neir parents or other third parties may do so by on would include grades, academic progress and aid, student billing, and anything else not defined as not automatically be released, but is available upon
I,(Student name printed here)	
hereby grant permission to Franciscan University of information to the following persons:	f Steubenville to release confidential educational
Name	Relationship
Name	Relationship
Name	Relationship
This consent does not expire, but may be revoked of The University's full policy on FERPA may be found	- · · · · · · · · · · · · · · · · · · ·
Student Signature	Date