

FERPA INFORMATION RELEASE FORM

	. the undersigned, author	orize Sterling college to	o release the
(Please Print Full Name) following <i>educational</i> reco	, the undersigned, authors upon request:		
Check all that apply:			
☐ Academ	ic record		
☐ Financia	l Records (Business Office/Financia	l Aid)	
\square Other (p	lease specify)		
Persons to whom informat (PLEASE PRINT)	ion may be released:		
Name	Address	Zip Code	Identifier (SSN#, DL#)
my consent to release the		m not required to rele	ase my records, I am giving
☐ This rele	ase is a one-time release only	Effective Date	
	aso will romain in offect while and	olled unless I revoke su	ich consent in writing at
	te of the Registrar.		
		Student ID#	SSN#
the Offic	e of the Registrar.	Student ID#	SSN#

☐ DO NOT RELEASE ANY DIRECTORY INFORMATION