



Bethesda University

GENERAL STUDENT CONSENT OF RELEASE OF EDUCATIONAL RECORDS

This form is used to request that Bethesda University release specific educational records maintained by the University under the provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended.

1. Completed forms are to be submitted to the Office of Academics
2. The release of some records may require a fee
3. This form, or a copy of it, will be placed in the file of the student making this request.
4. Not all educational records can be released even with consent of the student. Such records include but are not limited to educational records from other institutions, and references for which the student has waived their right to inspect.
5. The educational records to be released must be specifically itemized. Vague or all encompassing releases will not be honored.
6. All consents of release are only valid for the single instance for release. No standing releases will be honored.
7. Questions regarding this form should be directed to the Office of Academics.

I, _____ (_____), request
(Print Full Name) (Bethesda ID Number)

that the following information from my educational records be released to the party designated below.

Information To Be Released:

Release Information To: _____
(Name of Organization, Agency or Individual to whom records are to be released to)

Mail: _____

Fax: #(_____) _____ Attn. _____

(Signature)

(Date)

-Official Use Only-

Processed by: _____ Date Received: _____

Date requested information was released: _____