



THE MASTER'S
UNIVERSITY

Student Consent of Release of Education Records

Upon signature below, I am giving my consent for the release of specific educational records maintained by the college 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 the Registrar.
2. This form will be kept in the file of the student making the request.
3. Transcripts received from other institutions can only be released as unofficial documents.
4. Personal references/recommendations cannot be released.

I, _____ Student ID# or Date of Birth _____,
request that the following information from my educational records be released to the party designated below.

Please check one of the following:

Standing release as long I am enrolled at TMU

OR

Specific Instance Date: _____

Information to be released:

Release information to: _____
[Name of organization, individual or self]

Preferred method of transmission:

Phone: _____

Mail: _____

Email: _____

Fax# () _____ Attn: _____

[Signature]

[Date]