

STUDENT INFORMATION RELEASE AUTHORIZATION

Complete, scan, and submit this form to the Office of Records & Registration at records@ggu.edu or fax to 415-442-7223. For questions or assistance call 415-442-7292. This form applies to university and Law School students.

A. Student Information

Name (Last, First, Middle Initial)

GGU ID# or SS# (Last 4 Digits Only)

Email Address

Daytime Phone

B. Third-party Designee

Name (Last, First, Middle Initial)

Relationship to Student

Email Address

Daytime Phone

Current Address

Purpose of Release

Type of Information to be Released (Check one or more boxes below):

- Academic Student Account Financial Aid All Other _____

C. Authorization

In accordance with The Family Education Rights and Privacy Act (FERPA) of 1974, Golden Gate University will only disclose confidential information from the education records of students to parents, spouses, sponsors, or other third parties provided the University has written consent from the student on file. *Please note: This release form will remain valid through the student's enrollment at Golden Gate University unless specifically revoked by this student.*

By signing below, I consent that Golden Gate University may disclose and discuss confidential information from my education record with the individual listed above in reference to the purpose of release as indicated above:

Student's Signature

Date

D. Office Use Only

Relevant offices indicated above have been notified by: _____ Date: _____