



Office of the Registrar • 518 West Locust Street • Davenport, Iowa 52803

Authorization for Release of Educational Information

Student Name: _____
(Please Print) Last First Middle

Student ID # _____

In accordance with provisions of the Family Educational Rights and Privacy Act of 1974, I hereby authorize St. Ambrose University to release information from my academic record to the person(s) listed below:

Name(s)/Relationship to student

I understand that nothing contained in this document amends or modifies the right of St. Ambrose University to release “directory information” in accordance with its policy under the Family Educational Rights and Privacy Act of 1974, as explained in the Students’ Handbook.

Student’s Signature _____

Date _____