



California Baptist University

OFFICE OF THE REGISTRAR • 8432 Magnolia Avenue • Riverside, CA 92504-3297
Telephone: 951.343.4566 • Fax: 951.343.4903 • Yeager Center B161 • Email: registrar@calbaptist.edu

FERPA Privacy Release

According to Federal Regulations, the Privacy Act of 1974 (as amended), California Baptist University is unable to release any personal educational information to any one other than the student without prior written consent [20 U.S.C. § 1232g(b); 34 CFR § 99.30]. This document is to give California Baptist University permission to release specific information from your educational record during the specified dates, to the specific person(s) named below. Complete the form by including your signature to release/not release information for each of the three (3) sections and return to the Office of the Registrar.

Print Student Name _____

_____ CBU ID or Social Security #

This release is valid from ___/___/___ **to** ___/___/___*

*A specific end date is required, if not provided the date will default to one (1) year from the valid start date.

The submission of this form voids all previously submitted release forms, so please list every person(s) to whom you are allowing California Baptist University to release information.

1. STUDENT ACCOUNTS & FINANCIAL AID INFORMATION RELEASE

I give California Baptist University permission to release all information related to my student account and financial aid to the specific person(s) named below during the valid dates of this form. I understand this release is for student account and financial aid information only and does not include the release of book vouchers or refund checks to anyone other than the student:

Name Relationship Phone E-mail

Name Relationship Phone E-mail

Name Relationship Phone E-mail

Student Signature (release)

_____/_____/_____
Date

I do **NOT** want California Baptist University to release any information related to my student account and financial aid to anyone outside the university without my prior written permission.

Student Signature (no release)

_____/_____/_____
Date

2. STUDENT SERVICES INFORMATION RELEASE

I give California Baptist University permission to release all information related to my student services record (including student conduct) to the specific person(s) named below during the valid dates of this form.

Name Relationship Phone E-mail

Name Relationship Phone E-mail

Name Relationship Phone E-mail

Student Signature (release)

_____/_____/_____
Date

I do **NOT** want California Baptist University to release any information related to my student service record to anyone outside the university without my prior written permission.

Student Signature (no release)

_____/_____/_____
Date



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3. ACADEMIC INFORMATION RELEASE

I give California Baptist University permission to release the academic information initialed below to the specific person(s) named below during the valid dates of this form. I understand this release authorizes the provision of information and not the ability to make academic changes.

Name *Relationship* *Phone* *E-mail*

Name *Relationship* *Phone* *E-mail*

Name *Relationship* *Phone* *E-mail*

Please initial/mark the below academic information authorized for release:

- _____ Transcript Information (such as grades, GPA, units completed, and transferwork)
- _____ Graduation Requirement Information (such as degree, major, minor and outstanding coursework)
- _____ Academic Success Indicators (such as ARC participation and attendance)
- _____ Registration / Schedule Information
- _____ Other _____
Please be specific

Student Signature (*release*) Date ____/____/____

I do **NOT** want California Baptist University to release any information related to my academic record to anyone outside the university without my prior written permission.

Student Signature (*no release*) Date ____/____/____