

**REQUEST BY STUDENT FOR THE RELEASE OF EDUCATIONAL
RECORDS MAINTAINED BY BIOLA UNIVERSITY**

This form is used by a student who is requesting that Biola University release specific educational records held confidential under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended.

STUDENT NAME: _____
(Please print)

STUDENT NUMBER: _____

I grant permission and request that Biola University release and mail the following information from my educational records:

TO: _____
(Name and address of organization, agency or individual)

(Signature) (date)

Received by: _____
(Signature) (date)

Date when requested information was sent/released: _____

By: _____

PROCEDURES:

1. This form is obtained from and returned to the Registrar's Office
2. There will be nominal charge per copy made of educational records.
3. This form, or a copy of it, will be placed in the file of the student making this request.