

STUDENT CONSENT FOR RELEASE OF EDUCATION RECORDS



THE MASTER'S
UNIVERSITY

Rev. 6/2022 Visit masters.edu/registrar. Contact: Registrar@masters.edu

| | |
|--------------|-------------------|
| Student Name | Student ID Number |
|--------------|-------------------|

I am giving my consent for the release of specific educational records maintained by the TMU under the provision of the Family Education Rights and Privacy Act of 1974 (FERPA), as amended.

1. This form is to be submitted to the Registrar's Office.
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 give permissions for the information from my educational records be released to the party designated below.

Student Signature

Date

Please check one of the following:

Standing release as long as I am enrolled at TMU, OR

Specific instance. Please explain: _____

Information to be released (be specific):

Release information to:

Name of organization, individual, or self

Preferred Method of Transmission:

Phone: _____ **Mail:** _____

Email: _____

Fax: _____