

# Tulane University

## AUTHORIZATION FOR RELEASE OF INFORMATION

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), also known as the Buckley Amendment, Tulane University does not disclose student records without prior consent of the student.

My signature on this release form permits the University to discuss my records as indicated with the person(s) named below. The following records may be released (select one):

- Academic Records
- Financial Aid Records
- Accounts Receivable Records
- Student Affairs Records, including student conduct
- Student Health Records
- Other, please specify \_\_\_\_\_

This Authorization remains in effect until revoked by me in writing.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Tulane ID #: \_\_\_\_\_

Date: \_\_\_\_\_

You may release information from my records to:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Return completed form, in person along with Tulane ID, to the relevant office:

Record Requested	Office to return form to:
Academic Records	
Full-time Undergraduates	Academic Advising Center; 102 Richardson Building
Part-time Undergraduates	School of Continuing Studies; 125 Gibson Hall
Graduate Students	School or program office
Financial Aid Records	Financial Aid Office; Science & Engineering Lab Complex (2 <sup>nd</sup> Floor)
Accounts Receivable Records	Accounts Receivable Office; 35 McAlister Drive, Suite 103 (Phelps House)
Student Affairs Records	Lavin-Bernick Center for University Life; Garden Level Room G03
Student Health Records	University Health Center; Building 92

Students residing outside of New Orleans may call the relevant office to request an alternative submission method for this form.