

TUSKEGEE UNIVERSITY
OFFICE OF THE REGISTRAR

Authorization to Release Information
FERPA Release Form

Name: First | MI | Last

Student ID

Under the Family Educational Rights and Privacy Act (FERPA), Tuskegee University is permitted to disclose information from your education records to your parents if your parents (or one of your parents) claim you as a dependent for federal tax purposes. Please indicate whether your parents claim and indicate which records you wish to make available:

All Financial Aid Records (records include: status of file, award and disbursement of funds information)

YES. I certify that my parents claim me as a Dependent for Federal Income Tax purposes.

NO. I certify that my parents do not claim me as a Dependent for Federal Income Tax purposes.

Student Signature and Date

Parent: First | MI | Last

4-Digit Code

Parent: First | MI | Last

4-Digit Code

Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).

All Academic/Transcript Records (records include: transcripts, admission and registration information, schedule documentation contained in the academic records).

All Student Account Records (records include: amount for tuition and fees, sources of funds, financial aid repayment records, other accounts receivable information contained in student account records).

Instructor/Classroom Records (records include: attendance, progress reports, test and homework scores, Midterm grades, Final grades, etc. FERPA pertains to the release of records. Instructors are not required to have conversations about progress with anyone other than the student).

All College Records

Other (Please Specify) _____
Please Note: Records for Counseling and services for Students with Disabilities are considered medical records and are not covered under FERPA rules. A separate release form must be obtained from these departments.

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to the Department(s) identified above.

Student Signature and Date

Received and Processed by: _____ OTR Staff Date: _____

EMAIL FORM TO: registrar@tuskegee.edu