



OFFICE OF THE REGISTRAR

STUDENT INFORMATION RELEASE AUTHORIZATION

In compliance with the federal *Family Educational Rights and Privacy Act of 1974*, Marymount California University is prohibited from providing certain information from your student record to a third party, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parent, your spouse, and/or a sponsor.

You may, at your discretion, grant the University permission to release information about your student records to a third party by submitting a completed Student Information Release Authorization. Information will be made available only if requested by the authorized third party. The University does not automatically send information to a third party. No one except you may request a transcript. Submit your completed form to the Office of the Registrar at the address given below. Please note that your authorization to release information has *no expiration date*; however, you may revoke your authorization at any time by sending a written request to the Office of the Registrar. This form allows third parties to access student record information from any Marymount California University campus. NOTE: For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record. *However, it is University policy not to release certain aspects of student records (e.g., registration, grades, GPA) over the phone or via email.*

A. Student Information

NAME _____ ID# _____
LOCAL STREET ADDRESS _____ EMAIL _____
CITY/STATE/ZIP _____ TELEPHONE _____

B. Third Party Designee(s)

NAME _____ SSN (last 4 digits)# _____
LOCAL STREET ADDRESS _____ EMAIL _____
CITY/STATE/ZIP _____ TELEPHONE _____
RELATION TO STUDENT _____

NAME _____ SSN (last 4 digits)# _____
LOCAL STREET ADDRESS _____ EMAIL _____
CITY/STATE/ZIP _____ TELEPHONE _____
RELATION TO STUDENT _____

Student Signature: _____ Date _____

This form is to be submitted to the Registrar's Office

Marymount California University
30800 Palos Verdes Drive East, Rancho Palos Verdes CA 90275-6299
Tel. 310.377.5501 * Fax 310.303.7204