



## Authorization to Disclose Academic Information to A Third Party

Registrar's Office 100 Grant Street, De Pere, WI 54115 (920) 403-3949

In accordance with the Family Educational Rights and Privacy Act (FERPA), St. Norbert College will disclose to a third party, information from the academic records of a student provided that the College has on file written consent of the student. Please complete the information below and return to the Registrar's Office. I understand that I must notify the Registrar's Office if I wish to revoke my consent at any time.

I, \_\_\_\_\_, give permission for St. Norbert College to release the  
(Name of student)

following education record(s): \_\_\_\_\_

(Specific record(s) to be released)

to \_\_\_\_\_  
Name(s) (Relationship to Student)

\_\_\_\_\_ Name(s) (Relationship to Student)

for (purpose) \_\_\_\_\_.

Information requested in person. No information will be released via email, fax, or the telephone.

\_\_\_\_\_  
(Signature of student)

\_\_\_\_\_  
(Date)