

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
 Other, please specify _____

Purpose of Disclosure: Personal Academic Legal

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 nd 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

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

* Release of medical records from Campus Health requires execution of the *Authorization for the Release of Confidential Health Information*, available at <http://campushealth.tulane.edu/health-center/medical-records>.