

Consent Form for Disclosure of Educational Records

To: Registrar, ST. JOHN FISHER UNIVERSITY

From:				
	Student's First Name	Middle Initial	La	ast Name
	Permanent Street Address	City	State	Zip Code
permit comple separa remair submit	the Family Educational Rights and Fated to disclose information from you eting and submitting this form to the te form for each third party to whom a valid through your enrollment at Stated to the Registrar's Office. Please the phone (e.g., registration, grades, Garages, G	r educational records to a Registrar's Office, Kearr you grant access. Your a John Fisher University to note, it is St John Fisher's	designated thir ney Hall, 201. Y authorization to anless a written	d party by ou must complete a disclose records will request to revoke is
Recip	pient of Record Disclosure			
1				
	Name(s)			
	Address			
	City, State, Zip			
	Telephone			
	ent to the disclosure of my academic nee (includes course grades and GPA		nation to the abo	ve named
Signat	ure:		Date:	

^{*}Students cannot be denied any educational services from the [Institution] if they refuse to provide consent.