

OFFICE OF RECORDS
FERPA Student Records Release
This form must be filled out with adobe Acrobat and then printed for signature

In compliance with the federal *Family Educational Rights and Privacy Act of 1974*, the University may be prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees assessment, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, 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 Records Release authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The University does not automatically send information to a third party. In compliance with FERPA, the university may elect to withhold information from individuals other than the student.

Submit your completed form to the Office of Records, room 103A. 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 Records.

A. Student Information
NAME (LAST, FIRST, MIDDLE)
UIN
CURRENT PHONE NUMBER
B. Third party Information (if selecting 'other' please complete information requested)

 Qatar Foundation Financial Sponsor _____ Embassy of _____

Other (please complete information below)

Relation _____

NAME OF INDIVIDUAL OR COMPANY
PHONE OR E-MAIL ADDRESS
ADDRESS
CITY, COUNTRY
C. Information to be released (check all that apply)
 Registration/ Enrollment information

 Demographic Information (gender, nationality etc.)

 Financial and related information

 Grades/GPA (term and cumulative)

 Other: _____

 Academic Progress (passed/failed credits)

Purpose of Release: _____

D. Signature

I understand that I may revoke this consent at any time by providing written notice to the Office of Records.

STUDENT SIGNATURE
DATE