



Student Information Release Form

Office of Student Services

250 W. First Street, Suite 330 • Claremont, CA 91711 • Ph. (909) 667-4480/4481 • Fax (909) 399-3443

In accordance with the *Federal Educational Rights and Privacy Act of 1974 (FERPA)*, as amended, a student’s educational records are maintained as confidential by Claremont Lincoln University and, except for a limited number of allowed circumstances, will not be released to a third party without the student’s prior written consent.

This form must be completed and returned to the appropriate University office before any information can be released to a third party (i.e., spouse, employer, etc.). This forms remains on file with the University.

Student Information

Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Reason for Release _____

Release Information To

Name and/or Title _____ Company _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Information to be Released _____

Select One:

One-time release of information

Release to remain in effect for duration of enrollment at CLU unless consent is revoked in writing and submitted to the Office of Student Services

I hereby authorize the release of the indicated information to the individual listed above.

Student Signature _____

Date _____