



Permission to Release Education Records

Southeastern University, Inc. ("SEU")

This form must be completed fully, signed, and returned to the Registrar.

Student Name (Last, First, Middle): _____	Student ID: _____	Date: _____
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In accordance with the Family Educational Rights and Privacy Act (FERPA), SEU will not release non-directory information from my educational records without my consent, except in specific circumstances in accordance with law. I hereby request, give permission, authorize, and direct SEU to discuss with and release the specified portions of my educational records to the following permitted recipients. I understand the information may be released orally or in the form of written records. While this form authorizes SEU to release education records to third parties, it does not obligate SEU to do so. SEU reserves the right to review and respond to requests for release of education records on a case-by-case basis.

PART 1: Type of Record to be Released (check or initial all that apply)

- ☐ _____ Academic Records (grades, GPA, transcripts, academic progress, enrollment status, etc.)
- ☐ _____ Recommendations for employment, admission to other schools, scholarships, honorary awards, etc.
- ☐ _____ Financial Records (student accounts, billing statements and payment history, loan and financial aid, etc.)
- ☐ _____ Disciplinary Records
- ☐ _____ All Records
- ☐ _____ Other (please specify): _____

PART 2: Permitted Recipient(s) of my Records*

Name and address of recipient to which my records may be provided:

Relationship of Recipient to Student:

** Please attach a separate sheet to list multiple permitted recipients*

- OR -

- ☐ _____ Any prospective employers, schools, or award/scholarship evaluators that contact SEU about me

PART 3: Duration of this Permission (check or initial one)

- ☐ _____ **One-time use.** This permission is only good for one release of my information.
- ☐ _____ **Indefinite use.*** This permission has no expiration date. I grant SEU perpetual permission to release my records as specified on this form.
* To grant a parent, guardian, or spouse continual access to your educational records, please utilize SEU's Parent Portal website:
https://jics.seu.edu/ICS/Parent_Access/. Complete this form for one-time-only releases for family communications purposes.

PART 4: Reason for the Release of My Records (check of initial all that apply)

- ☐ _____ Family communications
- ☐ _____ Employment
- ☐ _____ Admission to another school
- ☐ _____ Other (please specify): _____

I understand that: (1) I have the right not to consent to the release of my education records, (2) I have the right to receive and inspect a copy of any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to SEU, but any such revocation will not affect disclosures made previously by SEU in reliance on this consent prior to receipt of my revocation.

- ☐ _____ By checking this box or initialing this line, I hereby waive my right to inspect records released pursuant to this consent.

I also unconditionally waive and release SEU and its directors, officers, employees, agents, affiliates, subsidiaries, successors, and assigns of and from any claims, liabilities, and causes of action, known or unknown, fixed or contingent, that arise from or are in any manner connected to SEU's release of information pursuant to this permission.

Student Signature

Date

The information released by SEU in reliance on this form is subject to the confidentiality provisions of applicable federal, state, and local laws and regulations which may prohibit further disclosure of the information without the specific written consent of the student, or as otherwise permitted by law.