

### Release Authorization

In accordance with the Family Education Rights and Privacy Act (FERPA) of 1974 as amended, students must provide written consent if they would like Sofia University to share information with parents, spouses, or any other person or groups of persons.

By completing and submitting this form, you are authorizing Sofia University personnel to discuss the details of your University application, accounts, and records with whomever you designate. This authorization will remain in effect until revoked in writing.

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Student Name

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Student ID Number

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Student Signature

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Date

I authorize Sofia University to release information concerning the following student records:

- ☐ any and all records
- ☐ academic records: grades, transcripts, admissions records, course schedule, etc.)
- ☐ financial aid records
- ☐ student account records

Please list every person(s) to whom you are allowing Sofia University to release information.

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Name

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Name

*Release or transfer of the above information to any other person or organization is prohibited. An additional written consent must be obtained if any of the information is to be transferred to another person or organization. This form must be completed in full before information can be released.*

Please submit your request to the Office of the Registrar at [registrar@sofia.edu](mailto:registrar@sofia.edu) or 1069 E. Meadow Circle, Palo Alto, CA 94303.