



**FERPA Release Form Authorization to Release Information:**

Dillard University provides for the confidentiality of student records in accordance with the Family Educational Rights and Privacy Act (FERPA), as amended. Accordingly, in order for our office to be able to discuss your information with your parents, spouse, or other persons who you designate, you must authorize the athletics department to release information regarding tuition and fees balances, financial holds, disciplinary actions, mailing and billing address information, and/or financial aid or scholarship information.

**I authorize Dillard University Athletics Department staff to release the  
aforementioned information to the following persons:**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

***I understand that the authorization to release information must be updated each  
academic year. I, \_\_\_\_\_, certify that  
the information on this application is true and correct.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_