



Permission for One-Time Release of Education Records

Purpose: used by current and former students to authorize the one-time release of a portion of their education records to a third party by Marquette personnel.

Student Instructions

- Complete Sections 1-3 of this form using a computer.
 - a **handwritten form will not be accepted.**
 - an incomplete form will not be processed and returned to you for completion.
- Print the form using the 'Print Form' button.
- Sign the form in Section 4; a digital signature is **not** acceptable.
- Submit the completed form to the individual named in Section 2.

- NOTE:**
- enrollment/degree verification and transcripts will not be released using this form.** See [Marquette Central Academic-Forms](#) to request these.
 - this is a one-time release. A new form is needed each time you wish to release your academic record.
 - the individual named in Section 2 has 45 days to respond to this request.
 - prepare a different form for each third party to whom you wish to release your academic record.

Section 1: Student Information

Name _____ MUID _____
Last name, First name Middle name

College/School _____ Date of Birth _____
MM/DD/YYYY

Email _____ @marquette.edu Phone _____

Currently enrolled Yes No If no, when were you last in attendance?
ex: Fall 2000 _____

Section 2: Information to be released

Name the MU personnel who may release the information (Last name, First name Middle name) _____

Release the following information
(specify every item of information you are authorizing for release) _____

Section 3: Third Party Information

Name _____ Title _____
Last name, First name, Middle name

Organization/Agency (if applicable) _____

Address _____
street, city, state, zip code (country if international)

Rationale for this request _____

Section 4: Student Statement/Signature

Pursuant to [Marquette's FERPA policy](#), I hereby authorize the above named Marquette staff/faculty to release the information described in Section 2, to the third party designated in Section 3. I understand this permission is a one-time release and I must make another request each time I wish to release any academic information in the future. Furthermore, I acknowledge that the individual named in Section 2 has 45 days to comply with this request.

Signature of Student _____ Date _____

Section 5: Individual Releasing Academic Record

complete this section and send to the college/school office of the student

Records listed above released on this date: _____

Signature _____