



## STUDENT INFORMATION RELEASE AUTHORIZATION

UPON TURNING 18 YEARS OF AGE,  
PLEASE SUBMIT THIS FORM TO THE REGISTRAR'S OFFICE

Family Education Rights and Privacy Act

The Family Education Rights and Privacy Act (FERPA) requires East Valley Institute of Technology (EVIT) to release non-directory information only to the student. The student may, however, voluntarily waive privacy rights and authorize certain individuals to receive the non-directory information. By completing this form, the individuals named below will have the ability to obtain information regarding the student. The student may revoke this authorization at any time.

### Contact Information

Name (Last, First M.I.)	
Date of Birth (MM/DD/YYYY)	
EVIT ID# or Social Security #	
Street Address, APT #	
City, ST ZIP Code	
Primary Phone	
Secondary Phone	
Email Address	

### Information to be released to the following person(s)

Name:	Relationship:
Phone:	Email:
Name:	Relationship:
Phone:	Email:

### Emergency Contact Information

Name:	Relationship:
Phone:	Email:

### Check one or more boxes to grant authorization

- Admissions Information     Disability Services     All items listed in this section  
 Attendance/Conduct     Financial Aid  
 Billing Statements     Grades

### Opt Out

I DO NOT WISH TO RELEASE ANY INFORMATION TO A THIRD PARTY.

### Agreement and Signature: ALL STUDENTS OVER THE AGE OF 18 MUST SIGN.

This information is requested on the date hereof and for all terms of enrollment at EVIT unless the above named student is no longer enrolled at EVIT.

Name (printed)	
Signature	
Date	