



Please return completed form to:  
**Registrar's Office**  
**Attn: Associate Registrar**  
**521 Wall Street • Suite 100 •**  
**Seattle, WA 98121**  
**206-239-4520 • 1-800-426-5596 x4520**  
**www.CityU.edu**

**CONSENT TO RELEASE EDUCATION RECORDS**

*(This is not a transcript request form)*

Name \_\_\_\_\_

(please print)

Mailing Address \_\_\_\_\_

SSN, SIN or Student ID # \_\_\_\_\_ Day Phone \_\_\_\_\_

Email Address \_\_\_\_\_

I hereby give my consent to City University of Seattle to release my education records, protected under the Family Educational Rights and Privacy Act (FERPA), as follows:

**ALL** of my education records maintained at City University of Seattle (including financial student account records) may be released/ discussed. [or]

**This consent is limited to the records indicated below. (Check all that apply.)**

- Class registration and enrollment
- Grades and academic transcript
- Discipline records
- Financial aid records
- Financial student account records
- Transcripts: (Specify transcripts to be released.) \_\_\_\_\_

Other: \_\_\_\_\_

**Records indicated above may be released to or discussed with the following named individual(s) or authorized personnel of named organization:** \_\_\_\_\_

**For the following reason(s):** \_\_\_\_\_

I understand that my consent to the release of records is voluntary and specific to this request only. City University of Seattle will provide the requested records or information only on the condition that the receiving individual(s) not disclose any information other than directory information to other parties without my further consent. I also understand that any statements I have placed in my records will be released along with the records to which they relate.

X \_\_\_\_\_  
 Signature of Student (Required in accordance with FERPA) \_\_\_\_\_  
 Date