## **Tulane University AUTHORIZATION FOR RELEASE OF INFORMATION**

In accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), also known as the Buckley Amendment, Tulane University does not disclose student records without prior consent of the student.

My signature on this release form permits the University to discuss my records as indicated with the person(s) named below. The following records may be released (select one):

	$\Box$ Academic Records	□ Financial Aid Records		
	□ Accounts Receivable Records	□ Student Affairs Records, including student conduct		
	□ Other, please specify			
execution		elease of medical records occurs after treatment is provided and requires <i>ial Health Information. To learn more about privacy and confidentiality</i> <u>ty</u> .		
Purpose	e of Disclosure:	$\Box$ Academic $\Box$ Legal		
This Authorization remains in effect until revoked by me in writing.				
	Name:			
	Signature:			
	Tulane ID #:	Date:		
You may release information from my records to:				
1.	Name:	Relationship:		
2.	Name:	Relationship:		
3.	Name:	Relationship:		

Return completed form, in person along with Tulane ID, to the relevant office:

Record Requested	Office to return form to:
Academic Records	
Full-time Undergraduates	Academic Advising Center: 100 Mussafer Hall
SoPA Students	School of Professional Advancement: Richardson Hall
Graduate Students	School or program office
Financial Aid Records	Financial Aid Office: Gibson Hall, Suite 130
Accounts Receivable Records	Accounts Receivable Office: Gibson Hall, Suite 327
Student Affairs Records	Lavin-Bernick Center for University Life: Garden Level Room G03

Students residing outside of New Orleans may call the relevant office to request an alternative submission method for this form.