Grand Aerie Fraternal Order of Eagles

Eagles Memorial Foundation

STUDENT AUTHORIZATION
TO RELEASE
EDUCATION RECORD INFORMATION

Student Name: _____ **Student ID:** _____

I understand that the Family Educational Rights and Privacy Act (FERPA) protects the confidentiality of my student education records and that _____ may only release these records to third parties with my prior written consent or as otherwise permitted by law. Intending to waive my right to confidentiality, I consent and direct the University to release information from my education records to the following organization.

Organization Name, Phone Number, and Fax:
Fraternal Order of Eagles Memorial Foundation Ph. (614)883-2200 fax (614)883-2201

Organization Mailing Address:
1623 Gateway Circle So. Grove City, Ohio 43123

I authorize the University to share Education Records for the following purpose:

- Official Transcripts
- Cost of tuition, fees, and books
- Any Scholarships, Grants, or financial aid

PLEASE NOTE THE FOLLOWING:

- I understand that I may receive a copy of the information disclosed, upon request.
- I understand that this authorization will remain in effect throughout my continuous enrollment at this University, unless I revoke access in writing (dated and signed) to the custodian of the Education Records or am no longer in active status.
- By signing below, I hereby authorize this University to release my Education Record information as specified above. Further, I agree to release, indemnify, and hold harmless this University, its employees, officers, and agents, from all liability for damages of whatever kind which may result on account of the university's compliance, or any attempts to comply, with this authorization.

Student's Signature: _____

Student's Address: _____

Phone #: _____ **Email:** _____

College/University: _____