



Addendum S
FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
RELEASE OF EDUCATIONAL RECORDS TO THIRD PARTY

The United States Sports University is committed to complying with the Family Educational Rights and Privacy Act of 1974. Certain student information has been determined as public information under the terms of the act. This may include release of name, address, telephone number, e-mail address, date and place of birth, major field of study, participation in university sports and activities, weight and height of athletic team members, dates of attendance, degrees and awards received, and previous educational institutions attended. Academic, financial, and disciplinary information may not be released without the expressed written consent of the student. Complete this form to allow any other person(s) access to your academic, financial, and/or disciplinary information.

STUDENT'S NAME (Print legibly): First Middle Last SSN: (For verification of records)

CURRENT ADDRESS: Street City State Zip Code

TELEPHONE WHERE YOU CAN BE REACHED:

Please allow the following person(s) access to records as indicated below. Records may include, but are not limited to: Academic Records - transcript, grades, grade point average, courses taken, and/or courses required; Financial Aid/Business Office Records - statement of account; Disciplinary Records

RELEASE TO (third party name): RELATIONSHIP: 1. First Middle Last RELATIONSHIP: 2. First Middle Last RELATIONSHIP: 3. First Middle Last

IS THIS A PERMANENT RELEASE*? YES NO A ONE TIME ONLY RELEASE? YES NO *This release is considered permanent until rescinded in writing by the student.

PASSWORD - Please set your password here: IF SEEKING INFORMATION BY PHONE, THIRD PARTIES WILL BE ASKED TO IDENTIFY THE PASSWORD LISTED.

RELEASE IS FOR (CHECK ALL THAT APPLY): ACADEMIC RECORDS / OFFICE OF THE REGISTRAR & ACADEMIC AFFAIRS FINANCIAL AID RECORDS / FINANCIAL AID OFFICE BUSINESS OFFICE RECORDS / FINANCIAL SERVICES DISCIPLINARY RECORDS / STUDENT SERVICE OFFICE

SIGNATURE: DATE: The Institution reserves the right to verify signatures against existing records.

THIS FORM MUST BE NOTARIZED IF RETURNED BY MAIL.

State of County of Signed before me this day of 20 My commission expires Signature (FERPA Release 5/2007)



Addendum S (page 1 of 2)
Family Educational Rights and Privacy Act Declaration
Withhold Release of Directory Information ("Placing a
FERPA Block")

- Read and initial the information on the second page of this form.
- Complete the information below.
- Return this form to the Registrar's Office (Email: _____ Fax: 251.625.1035 or mail).

Student ID Number: B.S.S. M.S.S. Ed.D. Continuing Education

Your full legal name

Surname/Family name:

Given names:

first

middle/others

suffix, if any

Check one of the following:

This block is intended for the time during which I am a current student at the University.

I am in my final term; this block is intended for the time after I leave the University.

I hereby remove the FERPA block from my record.

"I have read and understand the policy and effects of placing a FERPA block on my record. "

Your signature:

Date:

You may revoke this block at any time by notifying the Registrar's Office in writing.

For use of the University Registrar's Office:

Date Received:

Block added date:

Directory = N

Restriction-FERPA Block

removed date:

Directory=Y

FERPA Restriction ended