



California Miramar University
“Developing Tomorrow’s Global Business Leaders Today”
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FERPA RELEASE FORM:

Student Name (Please Print): _____
Social Security Number **or** University Identification Number: _____

I, the undersigned, hereby authorize California Miramar University (CMU) to release the following educational records and information (identify records or types of records below):

These records should be released to the following person/agency (identify name and address of person/agency to receive information):

These records are being released for the purpose stated below:

I understand further that (1) I have the right not to consent to the release of my educational records; (2) I have the right to receive a copy of such records upon request; (3) and that this consent shall remain in effect until revoked by me, in writing, and delivered to CMU’s Office of Admissions and Records, but that any such revocation shall not affect disclosures previously made by CMU prior to the receipt of any such written revocation.

Student Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(required only if student is under 18)

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF APPROPRIATE STATE AND FEDERAL LAWS AND REGULATIONS WHICH PROHIBIT ANY FURTHER DISCLOSURE OF THIS INFORMATION WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.