



American
Jewish
University

AMERICAN JEWISH UNIVERSITY CONSENT FORM

It is the policy of American Jewish University, in accordance with the Family Education Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our students' educational records unless students have consented to disclosure. Private information, such as grades, class schedules, students' accounts, and financial aid awards may not be released without expressed consent from the student.

Signing this form provides such consent, according to the information designated for release and to whom it is to be released.

I, _____, Student SS Number _____

authorize AJU to release the following educational records, upon request, to the persons listed below, for the purpose of keeping them informed regarding my education at AJU.

Please initial all that apply:

_____ All Financial Records in the Accounting Office including Billing Information

_____ All Financial Aid Information

_____ SAP (Student Academic Progress)

Persons to whom information can be released (*please print clearly*):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I acknowledge by my signature that I understand I am not required to release my records. I am giving my consent to release the designated information to the above named person(s). I understand this release will remain in effect unless I revoke such consent in writing and the revocation is received and processed by American Jewish University.

Signature

Date