

# Student Academic Record Petition

## Student Release of Records Form



BYU Petitions Office  
 B-150 ASB  
 (801) 422-6570 / Fax: (801) 422-0615  
 E-mail: [petitions@byu.edu](mailto:petitions@byu.edu)  
 Website: <http://petitions.byu.edu>

Use Black or Blue Ink Only

### STUDENT INFORMATION

Name (Last, First, Middle)		Student ID Number		Telephone Number	
Home Address			City	State	Zip Code
Email				Semester/Term and Year	

In compliance with the Department Of Education's Family Educational Rights and Privacy Act (FERPA), the Petitions Office is prohibited from providing certain information from a student's educational record to a third party without the student's explicit written consent. The specified information will be made available only if requested by an authorized party.

*Third party designee*

Name: \_\_\_\_\_

Relationship with student: \_\_\_\_\_

The above person has authorization to:

Request information pertaining to my petition

Other \_\_\_\_\_

The reason I grant this permission is:

\_\_\_\_\_

\_\_\_\_\_

By signing and submitting this request, the student certifies that s/he is granting the Petitions Office permission to release the information to the designated party.

Furthermore, the student acknowledges the release form is valid for this petition only. If the student wishes to revoke the authorization, s/he must provide a signed statement to the Petitions Office.

\_\_\_\_\_  
 (Student Signature)

\_\_\_\_\_  
 (Date)

### Submission Instructions:

Please fax (801-422-0615) or mail this signed form (B-150 ASB Provo, UT 84602) to the Petitions Office. If you have any questions or concerns, please contact the Petitions Office at (801) 422-6570.

Student's Name  
 \_\_\_\_\_  
 Last  
 \_\_\_\_\_  
 First  
 \_\_\_\_\_  
 Middle  
 \_\_\_\_\_