



*A Graduate School of National Security
and International Affairs*

THE INSTITUTE OF WORLD POLITICS

Office of the Registrar ◊ 1521 16th St NW ◊ Washington, DC 20036 ◊ (202)462-2101

FERPA RELEASE FORM

It is the policy of The Institute of World Politics, in accordance with the Family Educational Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our students' educational records unless the student has consented to disclosure or FERPA allows disclosure. Directory information, such as name and e-mail address, may be disclosed to the public. However, private information, such as grades, class schedules, student account information, 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 ID Number _____, authorize The Institute of World Politics to release the following educational records, upon request, to the person(s) listed below, for the purpose of keeping them informed regarding my education at The Institute of World Politics.

Please check (X) all that apply:

_____ All academic records

_____ All financial records (Student Account) in the Business Office

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_____ Other (specify) _____

Person(s) to whom information may be released:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

I acknowledge by my signature that I understand that, although 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 that this release will remain in effect unless I revoke such consent in writing and the revocation is received and processed by the Office of the Registrar.

Signature: _____ Date: _____

Please submit this signed form to the Office of the Registrar in person or by mail to: Office of the Registrar, 1521 16th St, NW, Washington, DC 20036