



**STUDENT AUTHORIZATION FOR DISCLOSURE OF
EDUCATIONAL RECORDS**

In accordance with [Family Education Rights and Policy Act of 1974](#) (which is popularly known as “FERPA” or the “Buckley Amendment”), I hereby authorize _____ (name of college or university) to disclose information in my education records to THE RESEARCH FOUNDATION, including any and all academic and financial records. This authorization will remain in effect until revoked in writing by me. This information will be used for THE RESEARCH FOUNDATION scholarship application process only.

I understand that any information disclosed and transmitted by telephone or through any electronic media, including without limitation e-mail, computer disc or facsimile, is not secure and may be accessed by persons without the knowledge of me or the College and I release and waive any and all rights to be disclosed and transmitted other than in writing or in person.

Printed Name

Student ID#

Student Signature

Date