



**Permission to Release Education Record Information**

I, \_\_\_\_\_, give permission for Dominican University to release information regarding my financial aid and student account to the following people:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

\*Note: This release is valid for the duration of your stay at Dominican University. If you would like to change or cancel this release please contact Stars Connect, Student Enrollment Student Services at 708-524-6809.

*The Family Educational Rights and Privacy Act (FERPA) is a federal law that affords parents the right to have access to their children’s education records, the right to seek to have the records amended, and the right to have some control over the disclosure of personally identifiable information from the education records. When a student turns 18 years old, or enters a postsecondary institution at any age, the rights under FERPA transfer from the parents to the student (“eligible student”). The FERPA statute is found at 20 U.S.C. § 1232g and the FERPA regulations are found at 34 CFR Part 99.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID # \_\_\_\_\_  
(Last 6 digits on ID card)