



Student Privacy Release Form

Office of the Enrollment Services Scanning • ENMU Station 7 • 1500 S. Ave. K • Portales, NM 88130
Phone: 575-562-2178 • Fax: 575-562-2118

www.enmu.edu

Student ID: _____

By signing this statement, you permit ENMU to release the financial and educational records you indicate on the form to your parents and/or those you designate during your enrollment at this institution. To rescind your permission for this information you must submit that request in writing to the Office of the Registrar to have your information withheld.

The University is permitted to share these records with anyone who claims you as a dependent on their taxes. This form extends this option to students who find it convenient for a parent or designated party to have knowledge of their financial and/or educational records.

The Family Educational Rights and Privacy Act (FERPA) does not restrict the sharing of directory information, which includes: name, home and local address, e-mail address, telephone number, date and place of birth, major field of study, class level, participation in officially recognized sports/activities, physical factors of athletes, dates of enrollment, degrees and awards received, and the most recent educational institution attended by the student. This information may be released upon request unless a student requests disclosure of this information be withheld by notifying the Office of the Registrar in writing within the first two weeks of the semester. Students may request non-disclosure after this date for extenuating circumstances.

I have read and understood this information.

Printed name of student

Signature of student Date

Consent to Release Financial and Educational Records

Pursuant to the Family Educational Rights and Privacy Act of 1974, I, _____ hereby consent to the release by Eastern New Mexico University of information concerning my educational and financial obligations with ENMU.

Parties to whom such records may be released: Be specific. List the name of each person. Place a check mark indicating which records can be released.

Name	Relationship	Record to be released	
		Financial	Education
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

I understand that such records may not be released except on the condition that the party to whom the information is being released will not permit any other party to have access to such information without my written consent. I also understand that, at my request, I shall be provided a copy of the educational/financial records released pursuant to this release.

This authorization will stand current until such time that I rescind it in writing. I understand that I am giving permission to release information only during the semesters I am enrolled at Eastern New Mexico University.

I have examined this document, understand the document and give my consent to the contents therein.

Printed name of student

Signature of student Date