



Office of the Registrar

Consent to Release Education Information

St. Ambrose University shall obtain written consent from students before disclosing any personally identifiable information from their education record. Such written consent for disclosure must: (a) specify the record(s) to be released; (b) state the purpose of the disclosure; (c) identify the party or class of parties to whom disclosure may be made; and (d) be signed and dated by the student. All such consents shall be maintained in the student's education record.

I hereby consent to the release of my St. Ambrose University educational records as stated below:

Specific records to be released:

Purpose for the release: _____

Information should be released to (provide name, mailing address and/or email):

Print Name: _____

Date of Birth: _____

Phone: _____

Student Signature: _____ **Date:** _____

**This release form does not provide for blanket releases and must be completed for individual requests.*

Thank you.

Office of the Registrar
Ambrose Hall, 1st floor
518 W. Locust Street
Davenport, IA 52803
563-333-6203
Fax 563-333-6206
registrar@sau.edu