

Authorization to Release Information to a Third Party

The Family Educational Rights and Privacy Act of 1974 (FERPA) affords learners certain rights with respect to their educational records. One of these rights is the right to limit disclosure of personally identifiable information contained in a learner's education records. In order for Capella University to honor a verbal or written request for information by anyone other than the individual learner, a signed authorization must be on file.

Therefore, I	, iGuide	_, iGuide ID,		_ authorize	
Capella University to release informati					
PO BOX 5054, SOUTHFIELD, MI 48					
(street address) (city) (state)					
purpose of DISCOVERY BEFORE	TRIAL				
I authorize release of the following inf	ormation (pl	ease specify):			
I understand that this authorization re	I be necessar ate indicted. authorization, he persons si er persons or	y to send a writte . I am waiving my pecifically listed. Trentities without r	n letter to revoke to rights of nondisclos This release does no ny written consent.	his sure of these ot permit the	
iGuide ID:					
Printed name:					
Signature:	[Date:			

FAX 1-612-977-5058 Address

Phone & Fax

Capella University 225 South 6th Street 9th Floor Minneapolis, MN, 55402

INTL 1-612-977-5000, option 2

US **1-888-CAPELLA** (227-3552), option 2

Hours

Monday - Friday 7:30 am - 7:30 pm, CST Saturday 9:00 am - 5:00 pm, CST Sunday 11:00 am - 5:00 pm, CST