

## Authorization for Release of Applicant Information

Applicant Name \_\_\_\_\_

Barry ID Number \_\_\_\_\_

Program to which you have applied \_\_\_\_\_  
*(This information must match your application information)*

Intended start term \_\_\_\_\_  
*(This information must match your application information)*

The purpose of the Educational Rights and Privacy Act of 1974 (FERPA) is to protect the privacy of information concerning individual applicants by placing certain restrictions on the disclosure of information in an applicant's admission file. Your admission records and status are not released to anyone outside the University except when expressly requested and approved by you, the applicant. By completing and signing the form below, you are indicating that the person named is acting as an agent on your behalf and you are authorizing Barry University Office of Admissions to disclose information about your application file to this person, including information in your admission documents and the status of your file. This authorization to release information applies ONLY to the program and start term indicated above and only to the admission file and its documents and status. Any change in program or start term will require a new authorization form. This authorization does not apply to your student records at Barry University. This authorization may be revoked at any time by contacting the Office of Admissions in writing.

I authorize Barry University to release information regarding my admission file (including information in my admission documents) and admission status to:

Name *(please print)* \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**After completing this form, please return it to the  
Office of Graduate Admissions in person, by mail, by fax, or by scan/email.**