



THE GOLD STANDARD

**United States Sports Academy**  
Office of Financial Aid

**Addendum R**  
**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**  
**RELEASE OF EDUCATIONAL RECORDS TO THIRD PARTY**

The United States Sports Academy is committed to complying with the Family Educational Rights and Privacy Act of 1974. Certain student information has been determined as public information under the terms of the act. This may include release of name, address, telephone number, e-mail address, date and place of birth, major field of study, participation in university sports and activities, weight and height of athletic team members, dates of attendance, degrees and awards received, and previous educational institutions attended. Academic, financial, and disciplinary information may not be released without the expressed written consent of the student. Complete this form to allow any other person(s) access to your academic, financial, and/or disciplinary information.

STUDENT'S NAME (Print legibly): \_\_\_\_\_ SSN \_\_\_\_\_  
First Middle Last (For verification of records)

CURRENT ADDRESS: \_\_\_\_\_  
Street City State Zip Code

TELEPHONE WHERE YOU CAN BE REACHED: \_\_\_\_\_

Please allow the following person(s) access to records as indicated below. Records may include, but are not limited to:

- Academic Records - transcript, grades, grade point average, courses taken, and/or courses required
- Financial Aid/Business Office Records - statement of account
- Disciplinary Records

RELEASE TO (third party name):

1. \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Middle Last  
2. \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Middle Last  
3. \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
First Middle Last

IS THIS A PERMANENT RELEASE\*? \_\_\_ YES \_\_\_ NO A ONE TIME ONLY RELEASE? \_\_\_ YES \_\_\_ NO

\*This release is considered permanent until rescinded in writing by the student.

PASSWORD - Please set your password here: \_\_\_\_\_

IF SEEKING INFORMATION BY PHONE, THIRD PARTIES WILL BE ASKED TO IDENTIFY THE PASSWORD LISTED.

RELEASE IS FOR (CHECK ALL THAT APPLY):

- \_\_\_\_ ACADEMIC RECORDS / OFFICE OF THE REGISTRAR & ACADEMIC AFFAIRS  
\_\_\_\_ FINANCIAL AID RECORDS / FINANCIAL AID OFFICE  
\_\_\_\_ BUSINESS OFFICE RECORDS / FINANCIAL SERVICES  
\_\_\_\_ DISCIPLINARY RECORDS / STUDENT SERVICE OFFICE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**The Registrar must witness the student's signature on this form.**  
The Institution reserves the right to verify signatures against existing records.



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THIS FORM MUST BE NOTARIZED IF RETURNED BY MAIL. (USSA, One Academy Drive, Daphne, AL 36526)

State of \_\_\_\_\_ County of \_\_\_\_\_ Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

My commission expires \_\_\_\_\_

Signature \_\_\_\_\_