

STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS

OFFICE OF THE REGISTRAR

Name of Student (Last, First, Middle Initial): _____	Student ID: _____	Date: _____
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The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar allowing the release of their education records to specified third parties. Please note that while this form authorizes release of education records to third parties, it does not obligate this university to do so. This university reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the U.S. Department of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

ELECTION A. Education records to be released (check all that apply):	
<input type="checkbox"/> Academic Information (grades/GPA, registration, student ID number, academic progress, enrollment status)	
<input type="checkbox"/> Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress status)	
<input type="checkbox"/> Loan Information (University-maintained loan disbursements, billing and repayment history [including credit reporting history], communication history, balances, collection activity)	
<input type="checkbox"/> Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity)	
<input type="checkbox"/> All Records Listed Above	
<input type="checkbox"/> Other (please specify): _____	
SECTION B. Person(s) to whom access to education records may be provided:	
_____ _____	
Address(es) of person(s) to whom access to records may be provided	Relationship to Student
SECTION C. Duration of release (check one):	
<input type="checkbox"/> One-Time Use: This authorization can be used only once.	
<input type="checkbox"/> Limited Use: This authorization expires on: _____	
SECTION D. Purpose of release (check one):	
<input type="checkbox"/> Family Communications	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Admission to an Educational Institution	
<input type="checkbox"/> OTHER: _____	
I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the University Registrar.	
_____ Student's Signature	_____ Signature of Parent or Guardian (if under 18)
(Date)	(Date)

Instructions for completing this form: The form must be fully completed and signed by the student. Records cannot be released if any Section of this form is not filled out entirely.