

Student ID#: _____ Date of Birth: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Consent to Release

I understand I am authorizing release of information contained in my education records to a third party. This consent does not cover medical records held solely by Student Immunization Records or education records held by individuals or offices other than the Office of the Registrar and/or the Financial Aid Office and the Business Office. It also does not authorize the disclosure of any User Name or Password associated with my accounts.

This consent is valid for two years. I may revoke my consent at any time by submitting a signed written statement, or by signing the **Revocation of Consent to Release** portion of this form.

In accordance with the Family Educational Rights and Privacy Act (FERPA), I consent to authorizing third party access to the information contained in my education records, including but not limited to the following (*please check to indicate which records you are providing consent to release*):

☐ Academic (i.e., enrollment, grades, student schedule, academic transcript)

☐ Non-Academic (i.e., student financial account, financial aid, scholarships)

I authorize release of the above records to the following party or parties:

1. Name: _____ email: _____

2. Name: _____ email: _____

Student Signature*: _____ Date _____

Revocation of Consent to Release

Understanding my privacy rights under FERPA, I revoke my consent to permit a specific third party access to the information contained in my education records. I understand that a revocation of access does not apply to information being sought through a lawfully issued subpoena.

I revoke release of education records the following party or parties:

1. Name: _____ email: _____ 2.

Name: _____ email: _____

Student Signature*: _____ Date _____

*Signature is required.