



**CONSENT FOR STUDENT RELEASE OF INFORMATION**

<b>Student Name:</b>	<b>Student SS/ID:</b>
<b>Student Address:</b>	<b>Student Date of Birth:</b>
<b>City, State, Zip:</b>	<b>Student email:</b>
<b>Student Phone:</b>	<b>Student Alternate Phone:</b>

The Family Education Rights and Privacy Act of 1974 provides privacy protection of a student's academic record and limits the release of such records without the student's consent. The Act further provides the College may disclose such records to a third party with the student's written consent.

This Authorization will remain continuously in effect until I withdraw this authorization in writing, or until the end of the current Academic year

In accordance with the Federal Education Rights and Privacy Act (FERPA), I, \_\_\_\_\_, the undersigned, authorize the release of my information FROM THE DEPARTMENTS CHECKED to the individuals named below:

Academic  Financial Aid  Business  Directory  Housing  Student Conduct

Name	E-mail

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the persons specifically listed. This release does not permit disclosure of these records to any other persons or entities without my written consent or as permitted bylaw.

<b>Student Signature:</b>	<b>Date:</b>
---------------------------	--------------