



Student Consent for Access to Education Records (FERPA Consent Form)
Registrar's Office

First	MI	Last

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the Office of the Registrar or person who maintains the records of this authorization. This authorization is good for one year from the date I sign this release unless noted differently above, and photocopies of this release form may be accepted, when presented in person with appropriate identification. The person and or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release

Section A. Education Records To Be Released

- ☐ **ALL STUDENT EDUCATION RECORDS LISTED BELOW**
- ☐ **LIMITED EDUCATION RECORDS (check all that apply):**
 - ☐ **Academic Information** (grades/GPA, registration, student ID number, academic progress, enrollment status)
 - ☐ **Financial Aid Information** (awards, application data, disbursements, eligibility, financial aid academic progress status)
 - ☐ **Student Account Information** (billing statements, charges, credits, payments, past due amounts, collection activity)
 - ☐ **Student Life Records** (housing, conduct, matters related to campus information)

SECTION B. Person(s) and PIN to whom access to education records may be provided

Name(s) of person(s) to whom access to records may be provided:

4 Digit PIN – Must be shared with person(s) to whom access is granted to verify their identity.

SECTION C. Duration of Release (check one)

- ☐ **One-Time Use:** This authorization can be used only once.
- ☐ **Limited Use:** This authorization expires on: _____

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 Registrar's Office.

Student's Signature

Date

Student ID Number