

FERPA RELEASE AUTHORIZATION FORM

Students may cancel an existing FERPA release at any time by submitting a new form. This authorization will remain valid until a cancellation is received.

SECTION I: STUDENT INFORMATION	
Name:	Campus:
PO Email:	Student ID #:
Current Academic Program:	

SECTION II: INFORMATION TO BE RELEASED		
(Select one or both)		
I give permission to have the following records	Reviewed	Amended/Removed:
Academic Progress	Attendance	Billing Statements
Charges	Collection Activity	Credits
FA Application Data	FA Awards	FA Disbursements
FA Eligibility	Grades	Holds
Past Due Amounts	Payments	Registration
SAP Status	Schedule	Status

SECTION III: AUTHORIZED PARTIES			
I would like to release or cancel access of my records to the following individuals:			
Name: Release to Cancel	Relationship:	Phone #:	Expiration Date:
Name: Release to Cancel	Relationship:	Phone #:	Expiration Date:
Name: Release to Cancel	Relationship:	Phone #:	Expiration Date:

SECTION IV: STUDENT ACKNOWLEDGEMENT	
I am aware of my student rights according to FERPA and consent to the changes above.	
Student Signature:	Date:

SECTION V: PROCESSING (For Registrar's Office use ONLY)			
Initials:	Entered in CNS	Yes	No
Comments:			