



### CONSENT FOR RELEASE/DISCLOSURE

Date: \_\_\_\_\_

To: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ ( ) request ( ) authorize:

(Name of Student)(ID number)

\_\_\_\_\_  
(Name of Person/Organization to release Information)

- To disclose:
- ( ) All Academic Records
  - ( ) Grades/Transcript
  - ( ) Financial Aid Records
  - ( ) Attendance
  - ( ) Schedule
  - ( ) Address and Phone Number
  - ( ) Other: \_\_\_\_\_

For the Purpose of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Effective Date of Consent

\_\_\_\_\_  
Date Consent Expires

**I understand that my records are protected under the Federal Family Educational Rights and Privacy Act of 1974 (FERPA) and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation or parole) and that in any event this consent expires automatically as described above.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date