

For Office Use Only

Rec'd & Verified by _

Family Educational Rights & Privacy Act ("FERPA") Student Consent Form to Release Education Records

Version 2020.03

In compliance with the Family Educational Rights and Privacy Act of 1974 certain information from your student record will not be disclosed to a third party without your consent. This nondisclosure extends to information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. Federal regulations do not require a student's prior consent before disclosing otherwise protected educational records in statutorily circumstances or when such disclosure is permitted under certain exceptions to FERPA set forth in Section 99.31 of the FERPA regulations. A picture ID is required with this form. If sent in, an enlarged photocopy or scan of a government issued ID with a signature is required.

Last Name	First Name	MI	A00000_ CU Student ID Number	
Current Mailing Address	City	State	Postal Code	
Personal Email		Cell Phon	e Number	
Section B: Third Party Designation	ns For No Release of FEF	RPA protected informatio	n, place an "X" here:	
1) Last Name	First Name	Relat	ion to Student	
2) Last Name	First Name	First Name Relation to S		
3) Last Name	First Name	Relat	ion to Student	
Authorization to Release Education	onal Information			
ALL RECORDS	All records indicated below will be avail	ilable to designees for relea	ase	
For Limited Release – If limiting re Academic Records & Registration	elease of records, place an "X" next to records you would like released. Demographic, registration, student ID number, academic progress status, enrollment information, access to academic records			
Admissions	All records related to admission to the status and conditions of admission,	University including outside	ersity including outside transcripts, test scores,	
Business Office Financial Aid	All financial records for the purpose of assisting you with the financing of your education FAFSA application data, financial aid disbursement, eligibility, financial aid, Satisfactory Academic Progress status			
Medical History	Specifically for clinical & educational placements			
Recommendations	Including letters of recommendation and evaluation forms			
released without my written conser disclosure. I certify that this consen- notice of such revocation to the Uni	ds may be protected under the Family Ed at. I hereby waive all provisions of the la t has been given freely and voluntarily. I versity office or person who maintains the sclose the information received as a result	aw and privilege relating to may revoke this consent a e records of this authorizat	o the records described in that at any time by providing writte ion. The person and or agend	
Student's Signature		Date	Signed	
SECTION D. Directory Information The University may address, telephone number, date of			name, mailing address, ema ees and awards received.	
Student's Signature		Date	Signed	

Date Rec'd