

AUTHORIZATION AND REQUEST FOR RELEASE OF RECORDS AND INFORMATION

This authorization shall be considered as a waiver of any and all of my rights and/or privileges as provided under the Family Education Rights and Privacy Act of 1974 (FERPA) and/or Gramm-Leach-Bliley Act of 1999 (GLBA).

I, _____, hereby authorize the disclosure, furnishing and release of the following information relating to or concerning me to the person(s) listed below without my further consent:

Print Name: _____ Relationship: _____

Print Name: _____ Relationship: _____

- Academic Grades/Records Academic Advising Billing Records
- Financial Aid Records Housing Information/Action Student Conduct
- Student Outreach & Support Office Other Information (please specify): _____

NOTE TO STUDENT: To finalize the processing of your authorization, you must deliver this form IN PERSON to the Office of the Registrar, Student One Stop along with photo identification. This form will not be accepted without proof of identification in order to ensure the protection of your information.

Student Signature: _____

Student ID#: _____ Date: _____

If, in the future, you wish to rescind your request to release records, you must return to the office where you submitted this form and sign below:

I hereby rescind my request to release information to the above named individual(s).

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

[] Student ID Verified [] Comments Placed in Banner [] Staff Initials

Rev. 4/12/17