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: __________________________