

<i>FOR OFFICE USE</i>	
EXPIRATION DATE	_____
COPY FOR STUDENT	<input type="checkbox"/>
SGASTDN NOTES	<input type="checkbox"/>
DATE & INITIALS	_____

AUTHORIZATION FOR RELEASE OF INFORMATION

STUDENT INFORMATION		
Student ID #:	Phone:	
Last Name:	First:	M.I.:

THIRD-PARTY DESIGNEE INFORMATION (Individual or Agency to whom access is granted)		
Agency:		
Last Name:	First:	Relationship:
Address:		
City:	State:	ZIP:
Last Name:	First:	Relationship:
Address:		
City:	State:	ZIP:

LENGTH OF RELEASE

- One time use: This authorization can be used only once.
- One semester: This authorization will remain in effect through _____Term _____Year.
- One year: This authorization will remain in effect unless I withdraw this authorization or for a **maximum of one year.**

PURPOSE FOR THE AUTHORIZATION FOR RELEASE OF INFORMATION:

- Admissions & Records – Admissions application, grades, registration & schedule information, residency information, transcripts, student ID, and related information
- Financial Aid – Financial Aid application documents, status, satisfactory academic progress, awards and related information.
- Student Finance – Student account invoices, statements, payments, charges, credits, tax forms (including 1098T), and related information.
- Counseling, Academic Advising, Testing & Disability Support Services
- Faculty – Letters of recommendation, grades, attendance, and related information
- No limitation – share anything and everything
- Other _____

I understand that my records are protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice to the Admissions and Registration office.

Signature

Date