## **Student Information Release Authorization**

| Ucgcc Uemcc   | RSC PC GCC GWCC L This form is required for each college inst                 |  |
|---|---|--|
| prohibited from providing certain i billing, tuition and fee assessments  | nformation from your student recor<br>s, financial aid (including scholarship | act of 1974 (FERPA) a college/university is rds to a third party, such as information on grades, s, grants, work – study, or loan amounts), and nited to your parents, your spouse, or a sponsor.    |
| to a third party by submitting a co-<br>form for each third party to whom | ompleted Student Information Release you grant access to information or       | o release information about your student records ase Authorization. You must complete a separate n your student records. The specified information ty. The college/university does not automatically |
| information that you have set up  |   | elease overrides all FERPA directory suppression horization to release information <b>expires after 1</b> ne by sending a written request.   |
| I, the student, acknowledge the   |   | to the terms of the Student Information Release  |
|   | Authorization.  |  |
| _   | STUDENT SIGNATURE IS REQ  | QUIRED   |
|   | (Signature of Student - REQ   | UIRED)   |
|   | STUDENT INFORMA   | TION   |
|   |   |  |
| Name:   |   |  |
| (LAST)  | (FIRST)   | (M.I.)   |
| Student ID OR Soc   | ial Security #:   |  |
| Date of Birth:  | Phone Number: _   |  |
| Current Address:  |   |  |
| City:   | State:  | ZIP:   |
|   | Security Question   | <u>n</u>   |
|   |   | providing at least one personal security question tion and provide it to your third party contact.   |
| Elementary Schoo  | l:  |  |
| First Automobile:   |   | <del></del>  |
| Mother's Maiden   |   |  |
|   | name:   |  |

## INFORMATION MAY BE RELEASED TO THE FOLLOWING PERSON (PARTY)

| Name: (LAST) (FIRST) (M.I.)   Email Address:   |       |
|--|-------|
| Email Address:   |       |
|  |       |
| Phone Number: Date of Birth:   |       |
| Current Address:   |       |
| City: State: ZIP:  |       |
| Relationship to Student:   |       |
| Current Semester and Year  |       |
| Authorization to release must be renewed each academic year  |       |
|  |       |
| CHECK ONE OR MORE BOXES BELOW TO GRANT AUTHORIZATION   |       |
| Grades/GPA, demographic, registration, student ID number, academic progress status, and/o enrollment information.  | or    |
| ☐ Billing statements, charges, credits, payments, past due amounts, and/or collection activity.  |       |
| ☐ Financial aid awards, application data, disbursements, eligibility, and/or financial aid satisfact academic progress.  | ctory |
| ☐ College/university maintained loan disbursements, billing and repayment history (including credit reporting history), communication history, balances, and/or collection activity. |       |
| Access to student records maintained by the Records and Registration Office and the Cashier Office including all of the above examples.  | r's   |
| ☐ Student Conduct.   |       |