

Cowley College

Authorization to Release Education Records

(For Concurrent High School Students)

NOTICE & INSTRUCTIONS:

The Family Educational Rights and Privacy Act of 1974 (FERPA), protects personally identifiable information in student education records (such as the student's name, address, financial records, and grades) from disclosure without the student's signed, written consent unless such consent is not required by law. Students are not required to authorize disclosure of information from their education records.

This authorization form will allow officials at Cowley College to release information specified by you to individuals/organizations identified by you on the form when written authorization is required. Please fill in all of the blanks and check the boxes that apply.

Print and sign your name and include the date you sign the authorization form. Return the form to the Registrar's Office.

I, _____, hereby voluntarily authorize
[Print Name of Student]

Cowley College officials in the department(s) identified below to disclose personally identifiable information from my education records (Check the box(es) that apply):

- | | |
|--|--|
| <input type="checkbox"/> Registrar | <input type="checkbox"/> Business Office |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Student Affairs/ Student Services | |
| <input type="checkbox"/> Other (Please Specify) _____ | |

Specifically, I authorize disclosure of the following information or category of information (Check the box(es) that apply):

- | | |
|---|---|
| <input type="checkbox"/> Grades/Transcripts/Academic | <input type="checkbox"/> Disciplinary |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Housing-Related |
| <input type="checkbox"/> Student Account Information | <input type="checkbox"/> All University Records |
| <input type="checkbox"/> Other (Please Specify) _____ | |

This information may be released to

[Print Name(s) of Individual/Organization To Whom College May Disclose Information]

_____ for the purpose of informing:
[List Additional Individual/Organization if Necessary]

- | | |
|---|---|
| <input type="checkbox"/> Family Member(s) | <input type="checkbox"/> Employer/Prospective Employer(s) |
| <input type="checkbox"/> Educational Institution(s) | <input type="checkbox"/> Public or Media (Scholarships, Honors or Awards) |
| <input type="checkbox"/> Other (Please Specify) _____ | |

I understand that this authorization will remain in effect from the date it is signed until revoked by me, in writing, and delivered to the Registrar's Office.

Student Signature

Date

Student I.D. Number

Parent Signature (If student under 18)

Date