



STUDENT CONSENT FOR RELEASE OF RECORDS

_____		_____	
(Name of Student)		(Student ID number)	

(Address)	(City)	(State)	(Zip)

(Telephone Number)			

Under Federal legislation, namely the “Family Educational Rights and Privacy Act of 1974”, I understand that my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian. This request form is a one-time-only use – and must be resubmitted for every request.

I, therefore, request that the information listed below be released to the following:

(Name)			

(Street Address)	(City)	(State)	(Zip)

Information to be released:

- Admissions and Records related information
- Student Account Financials information
- Other

Purpose: _____

Signed this _____ day of _____, _____.

(Signature of Student)