AUTHORIZATION FOR ACCESS TO STUDENT EDUCATIONAL RECORDS ~ RELEASE FORM ~

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records. Except to the extent that FERPA authorizes disclosure without your consent, your education records will only be disclosed with your written consent. By signing below, you authorize Chadron State College to disclose information from your education records in accordance with this consent. This consent remains in effect until revoked by you.

RELEASE OF INFORMATION

I.			
Name (Please	print)		
Date of Birth Studen		nt NUID#	
give permissio	n for:		
Name (Please	print)	Relationship to student	
Name (Please	print)	Relationship to student	
to receive the fol	llowing information:		
	All records listed below: (If you only want to allow specific information to	to be released, please check the applicable boxes below)	
	Academic Information (grades/GPA, registration, student ID number, academic progress, enrollment status)		
	Financial Aid Information (awards, application data, disbursements, eligibility, etc.) Loan Information (loan disbursement information, billing and repayment history, communication history, balances, collection activity)		
	Student Account Information (bil amounts, collection activity)	lling statements, charges, credits, payments, past due	
	Other (please specify):		

I understand that I have the right to inspect any records released pursuant to this consent and that I can revoke this consent at any time by delivering a written revocation to the office of the Dean of Student Affairs at the address below. I understand my revocation is not effective as to records that have already been released in reliance on this consent.

Date

To be completed by th	e Office of Student Affairs
Release of Information	n placed on PeopleSoft by:
Signature of CSC Official	Date

Please return to Dean of Student Affairs, 336 Crites Hall, Chadron State College.