ADAMS STATE COLLEGE
COLORADO℠
Great Stories Begin Here

Authorization to Release Student Education Record Information

The Family Educational Rights and Privacy Act of 1974, as amended, protects the privacy of educational records, establishes the rights of students to inspect and review their educational records, and provides guidelines for the correction of inaccurate or misleading data through informal and formal hearings. This release applies to the disclosure of educational records. The student authorizing the release of his/her educational records must sign this form before Adams State College can release specified information. Third party release is for informational purposes only.

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Date: _____

I _____ permit
STUDENT'S NAME STUDENT ID# DATE OF BIRTH

_____
NAME ADDRESS PHONE NUMBER

_____
NAME ADDRESS PHONE NUMBER

access to the following personal information contained in my educational record:

____ All educational records (this will include GPA, hours, grades, etc.)
____ Financial records (this will include scholarships, financial aid, grants, loans, billing information, 1098 information, etc.)
____ Only (specifically list here): _____

I hereby allow access to this individual for the specified time allotted:

__ One semester _____ Term _____ Year
__ One year
__ Until graduation

*IMPORTANT NOTE: The person being allowed access to this student's educational record will be required to provide the following information before access can be granted:

- Name, address, and phone number (as listed on this form above)
- Student's name, student ID number, and student's date of birth

The disclosure of this information from the student's educational record is made on the condition that the information will be used only for the purposes for which the disclosure is made (as described above) and will not be **re-disclosed** without the student's additional written consent.

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The above information will be released with my full consent. I understand that this authorization remains in effect for the time specified. It will be necessary to send a written letter to revoke this authorization prior to the expiration date I have indicated, if I choose to end it sooner

_____
Signature of Student Allowing Release of Information