COLLEGE OF CHARLESTON

AUTHORIZATION AND CONSENT TO RELEASE EDUCATION RECORDS

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended, a student’s education records are maintained as confidential by the College of Charleston and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the student’s prior written consent. A student may grant permission to authorized personnel of the College to release some or all of that student’s education records by completing this authorization and consent form. The student will be given a copy of the completed form. This form must be filed by the student with each office which is being requested to share information with a third party.

Student Name (print): ________________________ Student ID: ________________________

I, the undersigned current or former student, hereby consent and authorize:

_________ Office of the Registrar _______________ (Office or Department or School) with the College of Charleston to release the following records upon the request of the person(s) identified below:

CHECK ALL APPLICABLE RECORD(S)

☐ All Educational Records Listed in this Form
☐ Financial Aid Records (includes grants, loans, scholarships)
☐ Academic Records
☐ Student Affairs Records (includes housing, conduct/disciplinary, class absence records)
☐ (includes transcript, grades reports, advising records)
☐ Other Records (specify) ______________________________________________________
☐ Student Account and Billing Records

The person(s) authorized to receive these records is (are):

Name, Address & Telephone:
For the Purpose of:

Name, Address & Telephone:
For the Purpose of:

DURATION OF AUTHORIZATION/CONSENT

(Complete first option for a limited duration consent/authorization. Otherwise complete second option for an indefinite consent/authorization.)

-- ONLY SIGN ONE SECTION --

By my signature below, I acknowledge that this consent and authorization is valid from ______ to ________.

Student’s signature: ________________________ Date: ________________________

By my signature below, I understand that this consent and authorization shall remain in effect until written revocation from me is received by the office/school/department above named, and that such revocation shall not affect disclosures previously made prior to the receipt of my written revocation.

Student’s signature: ________________________ Date: ________________________

Form Received by: ________________________ Date: ________________________

Records Disclosed by: ________________________ Date: ________________________

REVOCAUTION OF CONSENT AND AUTHORIZATION

I, the above named student or former student, hereby revoke my consent and authorization to release my education records.

Student Signature: ________________________ Date: ________________________

Revocation Received by: ________________________ For Official Use Only Date: ________________________

OLA 5.25.16