



**ATHENS
STATE**
UNIVERSITY

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of and access to their educational records. Students may choose to complete and submit this form to the Office of the Registrar allowing the release of their records to specified third parties. **Please note** that while this form authorizes Athens State University to release records to third parties, it does not obligate the University to do so. Athens State reserves the right to review and respond to requests for release of educational records on a case-by-case basis. For more information, see the Privacy of Student Records policy in the Athens State Policy Library www.athens.edu/policy.

Consent to the Release of Educational Records

This form must be completed in full and include written signature. No records will be released if the form is not fully completed. Security questions are used to help us verify the identity of persons to whom release is granted when necessary. These questions should be information well known to you and the person(s), but not information that is common knowledge.

Student Name: _____

Student ID: _____

Student Current Phone: _____

Educational Records to be Released (check all that apply):

Academic Information (grades, GPA, class schedule, registration, academic standing, enrollment, academic disciplinary actions)

Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress status)

Loan Information (disbursements, billing/repayment history [incl. credit reporting & communication histories, balances, collections])

Student Account Information (billing statements, charges, credits, payments, past due amounts, collections)

All of the above Information

Other (specify): _____

Person(s) or entities authorized for the release of the educational records indicated above:

Name _____

Address _____

City/State/Zip _____

Phone _____

Relationship to Student _____

Security Question _____

Security Answer _____

Name _____

Address _____

City/State/Zip _____

Phone _____

Relationship to Student _____

Security Question _____

Security Answer _____

I understand that in giving consent by signing and submitting this form, (1) the consent will remain active until revoked by me in writing (with signature) and submitted to the Athens State University Office of the Registrar/Student Records; (2) any revocation will have no effect on records released prior to the University's receipt of the revocation; (3) person(s) to whom release is granted must be able to correctly answer the Security Question upon request before information is released; and (4) submitting a consent form at a later time for the same person(s) will automatically revoke the earlier consent.

Signature (required) _____ **Date** _____