

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.

Student Name (print): _____ Student ID: _____

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

_____ *(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)

- | | |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> All Educational Records Listed in this Form | <input type="checkbox"/> Financial Aid Records (includes grants, loans, scholarships) |
| <input type="checkbox"/> Academic Records
(includes transcript, grades reports, advising records) | <input type="checkbox"/> Student Affairs Records (includes housing, conduct/disciplinary, class absence records) |
| <input type="checkbox"/> Student Account and Billing Records | <input type="checkbox"/> Other Records (specify) _____

_____ |

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: _____

For Official Use Only	
Form Received by: _____	Date: _____
Records Disclosed by: _____	Date: _____

REVOCAION 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: _____

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