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.

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)

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

☐ 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: ______________

REVOCATION 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: ___________________________________ Date: ______________