



STUDENT PERMISSION TO RELEASE ACADEMIC RECORDS

STUDENT MUST SUBMIT THIS FORM WITH AN IMAGE OF A VALID DRIVERS LICENSE OR PASSPORT TO THE DEPARTMENT PROVIDING REQUESTED INFORMATION

Under the terms of the Family Educational Rights and Privacy Act (FERPA), a student's educational record is, with certain exceptions, held confidential by Colorado State University. A student may grant permission for information to be provided to a third party by completing this consent form.

This release pertains ONLY to academically related education records, and may not be used for the purpose of releasing records related to employment, medical records, financial aid, student billing, tuition classification, disciplinary actions, or law enforcement. Any such requests must be directed to Student Employment Services, CSU Health Network, Office of Financial Aid, Student Resolution Center, or Colorado State University Police as appropriate.

Requested by (Student):

Released to (recipient – must match photo ID):

(Last, First)

(Last, First)

CSUID

Address

Phone

City, State, Zip

Email

Email

Phone

Please select one of the following:

I grant permission to the _____ department* at Colorado State University to release **any available academic records that the department maintains** (e.g., grades, academic standing, academic advising, etc.) **for the academic year (August to August) specified:**(ex: 2019-2020) _____.

OR

I grant permission for release of the following **specific academic information one-time only:**

By signing this form I authorize the release of my academic records to the recipient named above via the address, phone, or email address provided; I understand I can revoke or amend my authorization at any time by completing a new form.

Student Signature

Date

* form must be filed with department issuing information