



**STUDENT PERMISSION TO RELEASE ACADEMIC RECORDS** [ro\\_registraroffice@mail.colostate.edu](mailto:ro_registraroffice@mail.colostate.edu)  
**STUDENT MUST SUBMIT THIS FORM WITH A VALID DRIVERS LICENSE OR PASSPORT TO THE DEPARTMENT RELEASING 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 (information must match photo ID of recipient):** \_\_\_\_\_

\_\_\_\_\_  
**(Last, Preferred First)**

\_\_\_\_\_  
**(Last, First)**

\_\_\_\_\_  
**CSUID**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Email**

\_\_\_\_\_  
**Pronouns (Optional)**

\_\_\_\_\_  
**Phone**

I grant permission to the: **(Submit form directly to selected department)**

- Office of the Registrar                       Vice Provost
- Graduate School                                 Academic Department: \_\_\_\_\_

at Colorado State University to release:

- All student record information accessible within the department above

**OR** (check all that apply)

- Grades                       Unofficial Transcript                       Weekly Schedule

**For the academic year (Fall - Spring - Summer) specified:**(ex: 2019-2020) \_\_\_\_\_.

**OR**

**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.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date