

MIDDLE GEORGIA STATE UNIVERSITY

STUDENT CONSENT FOR ACCESS TO EDUCATIONAL RECORDS

PICTURE ID IS REQUIRED WITH THIS FORM.

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar's Office allowing the release of their education records to specified third parties. This form is optional. Only complete and return this form if you would like to authorize release of information to the individual(s) of your choice, including parents.

NAME (LAST, FIRST, MIDDLE INITIAL): _____ **STUDENT ID #:** _____

PHONE NUMBER #: _____ **SCHOOL EMAIL ADDRESS:** _____

Check All Records That Apply	Department Name	Description
	Academic Affairs	Includes conversations about class assignments, syllabi requirements, grade appeals, course accommodations, academic petitions and related course or instructor information
	Admissions	Includes dates of application, programs selected, documents received, documents pending, admission date and status including conditions of admissions
	Bursar's Office	Includes tuition and fee balances, financial holds, mailing and billing address, payments, collection and debt information
	Financial Aid	Includes all financial aid information, and any related information
	Registrar – Academic Records	Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended, mailing address information, courses taken, grades received, GPA, academic progress, honors, transfer credit awarded, and degree(s) awarded

	<i>I wish to cancel my previous release.</i>	<i>This cancels any previous requests so you will need to submit a new release if in the future you wish to grant access to another individual or agency.</i>
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PERSONS OR AGENCIES WHOM ACCESS TO RECORDS MAY BE PROVIDED

Name of Person or Agency to Whom Access to Records May Be Provided	Address of persons to who records may be provided	Relationship to Student

By signing this release, I authorize the above-checked department(s) to release any records to the person(s) or agencies listed above. I understand that I can revoke this release at any time by checking the "Cancel Previous Release" box.

Student Signature

Date

FOR OFFICE USE ONLY:

DATE RECEIVED:

ID CHECKED BY:

REVIEWED BY: