

Student Consent Form to Release Educational Information

Name _____ CSU ID# _____

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 Office of the Registrar allowing the release of their educational records to specified third parties. Please note that while this form *authorizes* Columbus State University to release educational records to third parties, it does not *obligate* CSU to do so. CSU reserves the right to review and respond to requests for release of educational records, or information contained therein, on a case-by-case basis. **Please note that FERPA provides that your records may be released without your consent under certain circumstances.**

SECTION A: Educational Records to be released:

- ALL EDUCATION RECORDS- NO LIMITATIONS
- Academic Information -grades/GPA, registration, CSU ID#, academic progress, class schedules
- Financial Aid/Loan Information- awards, application data, disbursements, eligibility, satisfactory academic progress (SAP) status, billing/repayment history, balances, and collection activity
- Disciplinary Records- conduct records related to Student Code of Conduct
- Student Account Information- billing statements, charges, refunds, payments, past due notices, balances, 1098T, and collection activity
- Housing-room assignment, application/cancellation status, holds, damage info, room condition reports
- Veterans Affairs Information- military enrollment and VA records

SECTION B: Duration of Release

- Limited Use: This authorization expires 1 year from date of form
- Recurring Use: This authorization will remain **active** until revoked.

SECTION C: Person to whom access to education records may be provided:

Name _____
 Mailing Address _____
 City, State, Zip Code _____
 Telephone _____
 Email Address _____
 Relationship to Student _____

SECTION D: PIN Access Code Creation

Create a unique PIN (Personal Identification Number) for the person designated in SECTION C. Provide this access code to the individual and CSU staff will use this PIN code to verify their identity.

FOUR (4) DIGIT PIN ACCESS CODE: _____

I understand that 1) I have the right **NOT** to consent to the release of my education records, 2) I have the right to inspect any written records released pursuant to this consent, and 3) I have the right to revoke this consent at any time by submitting a signed, written statement to Columbus State University's Office of the Registrar. By signing, Columbus State University is hereby released from all legal responsibility or liability for the release of the above mentioned information.

Student Signature _____ Date