



Authorization and Consent to Release Education Records

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 a 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.**

This form must be completed in blue or black ink and may not contain any marked out data.

IN PERSON OPTION

Students may submit the Authorization and Consent to Release Education Records form in person with a valid state or U.S. government issued photo identification. Forms may not be submitted by another party on behalf of the student.

POSTAL MAIL OPTION*

Students who are unable to bring the Authorization and Consent to Release Education Records form in person may submit the form via postal mail to the office or department noted on the form.

COLLEGE-ISSUED EMAIL OPTION*

Students who are unable to bring the Authorization and Consent to Release Education Records form in person may submit the form from their college-issued email account (g.cofc.edu) to the office or department noted on the form. Other email addresses will not be accepted.

***NOTICE:** The College of Charleston reserves the right to request further evidence to authenticate identity for all submitted requests, which may include notarized signatures and an affidavit. All requests may be subject to review by the Office of Legal Affairs (OLA).

COLLEGE OF CHARLESTON
AUTHORIZATION AND CONSENT TO RELEASE EDUCATION RECORDS

For Official Use Only
 Form Received by:

Blue or black ink only. Complete the form in its entirety – do not leave any section blank. Marked out data will not be accepted.

Student Name (print): _____ **Student ID:** _____ **Date:** _____

CHECK ALL APPLICABLE RECORD(S)

- | | |
|---|---|
| <input type="checkbox"/> Academic Records
(includes transcript, grade reports, advising records) | <input type="checkbox"/> Student Affairs Records
(includes housing, conduct/disciplinary, class absence records) |
| <input type="checkbox"/> Financial Aid Records
(includes grants, loans, scholarships) | <input type="checkbox"/> Other Records (must specify) _____

_____ |
| <input type="checkbox"/> Student Account and Billing Records | |

The person(s) authorized to receive these records is (are):

Name: _____

Address: _____

Phone number/Email: _____

Name: _____

Address: _____

Phone number/Email: _____

For the purpose of (please explain):

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I, the undersigned current or former student, with my valid and true signature, hereby consent and authorize:

(Name of Office or Department or School) with the College of Charleston to release the above records upon the request of the person(s) identified on this document.

Student's signature: _____ **Date:** _____

Valid for:

- One time use: This authorization can be used only once.
- Limited use: This authorization expires on: _____
- Long-term use: This authorization shall remain in effect until written revocation from me is received by the office/school/department named, and that such revocation shall not affect disclosures previously made prior to the receipt of my written revocation.