

AUTHORIZATION TO RELEASE INFORMATION



Student Name: _____ **Student ID:** _____

Address: _____ **Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

The purpose of the Educational Rights and Privacy Act of 1974 (FERPA) is to protect the privacy of information concerning individual students by placing restrictions on the disclosure of information contained in a student's education records. Details of Concorde's Student Records Release Policy and the FERPA are available in the institution's catalog.

TYPE OF INFORMATION TO RELEASED (Check all that apply):		
<input type="checkbox"/> Attendance	<input type="checkbox"/> Schedule	<input type="checkbox"/> Financial Aid Records
<input type="checkbox"/> Grades	<input type="checkbox"/> Enrollment Status	<input type="checkbox"/> All Education Records
<input type="checkbox"/> All of the Above	<input type="checkbox"/> Other (please be specific):	

INDIVIDUAL TO WHOM INFORMATION CAN BE RELEASED: (Please print clearly)		
Name:		Phone:
Address:		
City:	State:	Zip Code:
Relationship to Student:		

Do you wish to have this release in effect until you graduate? Yes No If no, give an expiration date:

By signing below, I authorize Concorde to release the types of information indicated above to the individual identified above. I understand that this authorization remains in effect while I am a student at Concorde from the date of my signature through the timeframe indicated above unless I provide a written statement revoking it.

Student Signature _____ **Date** _____