

Please return your completed form to the Office of Academic Services & Registrar in ACAD 283 or via email at asr@asurams.edu



Authorization to Release Information

This form serves as student consent for records to be released to Parent(s), Legal Guardian(s), Other tuition providers or other indicated individuals:

Student's Name:

Ram ID:

PLEASE READ:

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Albany State University to disclose the information specified below to the following individual(s) or agency(ies):

Name: _____

Name: _____

Name: _____

Name: _____

This consent shall be valid throughout the student's enrollment at Albany State University and thereafter, but may be modified or rescinded by the student. The recipient of the student's information (as named on lines above) agree that they shall not disclose the specified information to third parties without the express consent/authorization of the student.

INFORMATION TO BE RELEASED:

The following information from my records at Albany State University may be disclosed to the above specified person(s):

____ Schedules, Grades and Academic Standing

____ Disciplinary Records

____ Tuition and Fee Statements

____ Financial Aid Information

____ All records or information pertaining to student

____ Other, please specify (_____)

I have read and understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974.

Student's Signature:

Date:
