UNIVERSITY OF TOCCOA FALLS
OFFICE OF THE REGISTRAR
Toccoa Falls, GA 30598
(706) 670-9919
registrar@utf.edu

STUDENT CONSENT TO RELEASE EDUCATION RECORDS

Directions:
In compliance with the Federal Family Education Rights and Privacy Act of 1974, the University is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the University permission to release information about your student records to a third party by submitting a completed Student Consent to Release Education Records authorization. You must list each third party member whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The University does not automatically send information to a third party.

Submit your completed form to the University Registrar's Office, at the address given above. Please note that your authorization to release information has *no expiration date;* however, you may revoke your authorization at any time by sending a written request to the same address. **NOTE:** For the third party designees you name on this form, this release overrides all FERPA directory information non-disclosure holds you have placed on your records. Social Security data is used only for authentication on this form.

Section A. Student Information

Name (last, first, middle initial) _____ Student ID Number _____

Section B. Third party designee #1

Name (last, first, middle initial) _____ Social Security number (last four digits only) /or DOB _____

Address (street or P.O. Box number, Apartment number, city, state, and Zip code) _____ Daytime phone number _____

Relation to student _____ E-mail address _____

Third party designee #2

Name (last, first, middle initial) _____ Social Security number (last four digits only) /or DOB _____

Address (street or P.O. Box number, Apartment number, city, state, and Zip code) _____ Daytime phone number _____

Relation to student _____ E-mail address _____

Please initial one or more of the lines below to grant authorization to different types of information

_____ Student Financial Services: FAFSA application data, financial aid disbursements, eligibility, Financial Aid Satisfactory Progress Status, Billing statements, charges, credits, payments, past due amounts, collection activity, *communication* history

_____ Registrar's Office: Grades/GPA, demographic, registration, student ID number, academic progress status, enrollment information, access to academic records.

_____ Other (be very specific) _____

Section C. Certification

I authorize the above individuals, named in Section B, to access the above indicated student record and/or account information.
This authorization does not permit the third party to make any changes.

Student's signature _____ Date _____

OFFICE USE ONLY

Date Received _____ Filed by _____ Initials _____