

Student Consent to Release Confidential Information FERPA Release

Name: _____

Date of Birth: _____ **Student ID#:** _____

E-mail: _____ **Phone Number:** _____

I hereby authorize MSU Denver to release the indicated information to the person/organization designated on this form. This authorization is considered valid until changed by the student or until length of time expires.

Signature: _____ **Date:** _____

Types of Information to Release: In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the disclosure of information from a student's educational record is considered confidential and will not be released, with certain exceptions, without the student's written consent. Check one or more boxes that you wish to release. If the release is submitted in-person, the student must be present with valid photo identification. If not submitted in-person, student must get the form notarized (see page 2).

- All Records**
- Admissions:** Dates of application, documents received/pending, dates of admission, admission status, residency information.
- Bursar/Cashiering:** Account balance, financial holds, sponsor information, collections, appeal information, Perkins Loan information, Institutional Correction information.
- Financial Aid:** Financial Aid file. NOTE: specific dollar amounts cannot be disclosed over the phone. This can be viewed through your Student Hub or in-person with a valid photo ID.
- Registrar:** Academic records, grades, COF status, registration status, course/schedule information, holds, academic standing.
- Other:** _____

Length of time for FERPA Release: If this area is left blank, the release will expire one year after signing.

- Long-Term Use: This authorization will remain in effect until I withdraw this authorization in writing.
- One-Time Use: This authorization can be used only once. Date of one-time use: _____
- Limited Use: This release is valid through: _____

Person(s) to whom information is to be released:

- Name: (Last, First): _____ Phone: _____ Email: _____
- Name: (Last, First): _____ Phone: _____ Email: _____
- Name: (Last, First): _____ Phone: _____ Email: _____

Provide a password known only by you and the person(s) listed above: _____



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NOTARIAL ACKNOWLEDGEMENT: Form must be notarized if faxing, scanning, or mailing this form.

Subscribed and affirmed before me in the county of _____, state of _____, this _____ day of _____, 20____.

Official signature of Notary Public

(SEAL)

Commission expiration date

(Notary Seal must be visible on the copy)

Office Use Only

Identity confirmed by: _____ Date: _____
Processor/Approver: _____ Date: _____