



STUDENT RELEASE OF PERSONALLY IDENTIFIABLE AND CONFIDENTIAL INFORMATION

The Family Educational Rights and Privacy Act (FERPA) requires Carroll College to release detailed information to only the student. The student may; however, voluntarily waive their privacy rights to the person(s) they choose to authorize in the statement below. By completing this form the named person(s) will have the ability to obtain information regarding the student's financial aid and academic file.

I _____ hereby waive my rights under the Family Educational Rights and Privacy Act (FERPA) by authorizing the Carroll College staff directly related to Enrollment Management and Student Services to share any requested information concerning my financial aid application, awards, academic records and other "non-directory" information.

to _____
(First and last name of the person(s) authorized to obtain information)

Student's Signature: _____

Student ID Number or Social Security Number: _____

Date: _____

** Academic records will not be discussed over the telephone but mailed to the requesting authorized party.*

**This release will remain in full effect until revoked in writing by above named student.*