

Student Consent To Release Confidential Information

(To be retained in student file in the Admissions & Records Office)

Please refer to the current Aims Community College Catalog for information regarding the release of information. In compliance with the Family Education Rights and Privacy Act (FERPA) regulation 34 C.F.R. part 99.30, the disclosure of information from a student's education record requires the parent or eligible student to provide signed and dated written consent before Aims Community College discloses personally identifiable information from the student's education records, except as provided in section 99.31.

STUDENT NAME (Please Print) _____

AIMS ID OR LAST 4 DIGITS OF SS# _____

YOU MUST ANSWER ALL 4 SECTIONS LISTED BELOW

1) Records to be disclosed (please be specific): Choose only ONE option of either A, B, or C

A) Course Schedule Grades/GPA Tuition Balance/Payments Financial Aid Status

or B) Release only the following information from my educational records (Be Specific):

or C) Release **all** educational records/information.

2) Reason for this release:

_____ (e.g. My parents are paying my bill for me) or (ex. I need enrollment verification for insurance purposes)

3) Person/Organization to whom information is to be released:

Name: _____

Name: _____

Relationship to Student: _____

Relationship to Student: _____

*Security Code: _____

*Security Code: _____

* You have the option of assigning a security code for the people listed above to allow them access by phone to the student records you have indicated. It's suggested that your security codes consist of a combination of both letters and numbers containing at least 6 characters and includes at least one number. This security code must not be your Web Services password or date of birth.

Each individual listed must have their own security code assigned to them. **YOU CANNOT ISSUE THE SAME SECURITY CODE TO MORE THAN ONE PERSON.**

If a security code is not created for the person listed above, they will need to come in person, with a photo ID, to the Admissions & Records office to gain access to the student records you have indicated above.

4) Requests are valid for a maximum of two full calendar years unless revoked by student sooner.

If less than two years, Authorization to Release Expires (date): _____
(If left blank, authorization to release expires two years after signing)

By signing below, I am authorizing Aims Community College officials to release to the person/organization specified above the information specified above for the time period I have indicated.

Student Signature _____

Date _____