Student Consent To
Release Confidential Information
(To be retained in student file in the Records Office)

STUDENT NAME (Please Print) ________________  AIMS ID OR DATE OF BIRTH __________________

YOU MUST ANSWER ALL 3 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) Persons named in this release can access records indicated above in two ways:
   1. In person. Visit the Admissions Office at any campus and present a photo ID.
   2. Over the phone. Caller must identify his or her self and provide security code. If no security code is provided, no information will be released.

   Person/Organization to whom information is to be released:

   Name: _______________________________  Name: _______________________________
   Relationship to Student: ___________________  Relationship to Student: ___________________
   *Security Code: ___________________________  *Security Code: ___________________________

   *This code must not be the student’s myAims password or date of birth. Assign a unique security code to each person named in this release. We recommend the security code be at least six characters long and include a combination of letters and numbers.

3) Release is valid for a maximum of one full calendar year unless revoked by student in writing.

   If less than one year, authorization to release expires (date): ____________________________
   (If left blank, authorization to release expires one year 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

Return this form to the Admissions Office in person, by mail, fax, or scan and email.

By mail: Aims Admissions Office
PO Box 69
Greeley, CO 80632

By fax: 970.506.6958

By email: admissions@aims.edu

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.