

Student Consent to Release Confidential Information

Aims ID:	
Term:	

Student Name (Please Print)		Date of Birth	Data of Rinth	
Student 1	· · ·		ED BELOW	
	TOU MUST ANSW	ER ALL 3 SECTIONS LISTE	ED BELOW	
	OR	hoose only ONE option of either A, B, es/GPA Tuition Balance/	Payments Financial Aid Status	
	OR C. Release all educational records/info	ormation.		
	1	e at any campus and present a photo II his or herself and provide Security Cod	O and the Security Code indicated below. le. If no Security Code is provided, no	
	Name:	Name:		
	Relationship to Student:	Relationship to Student:		
	*Security Code:	*Security Code:		
	*This code must not be the student's myAims person/organization named in this release. We combination of letters and numbers.		-	
	Release is valid for a maximum of one full cal to release expires (date): (date)			
	ng below, I am authorizing Aims Community Coion specified above for the period I have indicated		organization specified above the	
Student S	Signature		Date	
Return th	nis form to Registration and Records in person,	, by mail, or email.		
By mail	: Aims Community College In per ATTN: Registration & Records 5401 W 20th St, Greeley, CO 80634	rson: At any Aims Campus B	by email: Records@aims.edu	
Please refer	r to the current Aims Community College Catalog for infor	rmation regarding the release of information. In	compliance with the Family Education Rights and	

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.

Registration & Records use only					
	SPACMNT Note	Received	<u>Entered</u>		
Date:					
Initials:					