

AUTHORIZATION TO RELEASE INFORMATION

Student consent for Education records to be released to Parent(s), Legal Guardian(s), Other Tuition Provider(s), or Other Indicated Individual(s):

Student Name

Prescott College ID#

PLEASE READ:

In accordance with the Family Education Rights and Privacy Act of 1979 (**FERPA**), the undersigned student hereby permits Prescott College and its representatives at all Departments to disclose the information specified below to the following individual(s) or agency(ies) (include name and address), relation to student:

Name	Address	Phone number	Agency	Relation to student

This consent shall be valid throughout the student's enrollment at Prescott College but may be modified or rescinded at any time, by the student. The undersigned parent(s), legal guardian(s), tuition provider(s), or other indicated individual(s) agree that they shall not disclose the specified information to third parties without the student's authorization.

INFORMATION TO BE RELEASED:

The following information from my records at Prescott College may be released to the above-specified persons:

- _____ Do not release any information
- _____ Grades and academic standing
- _____ Academic information of any kind
- _____ Discipline records
- _____ Tuition and Fee status/Billing accounts
- _____ Financial Aid records
- _____ Housing and Residence Life Records (Discipline, Damages, Penalties)
- _____ Other, please specify: _____
- _____ All records or information

I have read and understand the contents of this consent form pertaining to the Family Educational Rights and Privacy Act of 1974.

Student's Signature

Date

Parent's or Legal Guardian's Signature

Date

Release of any of the above information is contingent upon a signature. Please return signed form to the Office of the Registrar.