

# MIDDLE GEORGIA STATE UNIVERSITY

## STUDENT CONSENT FOR ACCESS TO EDUCATIONAL RECORDS

APPLICANT MUST PRESENT PICTURE ID WITH THIS FORM.

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar's Office or other University Offices allowing the release of their education records to specified third parties. The individual you authorize must present identification. This form is optional. Only complete and return this form if you would like to authorize release of information to the individual(s) of your choice, including parents.

NAME (LAST, FIRST, MIDDLE INITIAL): \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

PHONE NUMBER #: \_\_\_\_\_ SCHOOL EMAIL ADDRESS: \_\_\_\_\_

Check All Records That Apply	Department Name	Description
	Academic Affairs	Includes conversations about class assignments, syllabi requirements, grade appeals, course accommodations, academic petitions and related course or instructor information
	Admissions	Includes dates of application, programs selected, documents received, documents pending, admission date and status including conditions of admissions
	Bursar's Office	Includes tuition and fee balances, financial holds, mailing and billing address, payments, collection and debt information
	Financial Aid	Includes all financial aid information, and any related information
	Foundation	Includes all information related to scholarships
	Registrar – Academic Records	Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended, mailing address information, courses taken, grades received, GPA, academic progress, honors, transfer credit awarded, and degree(s) awarded <i>(unofficial transcript only if requested)</i>

	<i>I wish to cancel my previous release.</i>	<i>This cancels any previous requests so you will need to submit a new release if in the future you wish to grant access to another individual or agency.</i>
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### PERSONS OR AGENCIES WHOM ACCESS TO RECORDS MAY BE PROVIDED

Name of Person or Agency to Whom Access to Records May Be Provided	Address of persons to who records may be provided	Access Code (Four digits)	Relationship to Student

**\*\*\*Each individual must create a four character access code, which is required to release Student information\*\*\***

By signing this release, I authorize the above-checked department(s) to release any records to the person(s) or agencies listed above. I understand that I can revoke this release at any time by checking the "Cancel Previous Release" box.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

DATE RECEIVED:

ID CHECKED BY:

REVIEWED BY: