



FERPA Consent to Release Student Information

In compliance with the *Family Educational Rights and Privacy Act of 1974 (FERPA)*, as amended, Andrew College is prohibited from providing certain information from your student records to a third party, such as information on grades, academic credit, conduct, medical information, billing, tuition and fees assessments, financial aid (including scholarships, grants, work study, or loan amounts) and other student record information. This restriction applies to, but is not limited to, your parents, legal guardian(s), spouse, or sponsor. Andrew College's complete policy on the *Family Educational Rights and Privacy Act of 1974 (FERPA)*, is printed in the college catalog available at www.andrewcollege.edu/college-catalog.

By submission of this completed and signed form to Andrew College, you grant consent for the college to release information from your student records to a designated third party. Andrew College will comply fully and provide the requested information upon receipt of this completed form.

A separate form is required for each third party to whom you grant access to your student record information.

SECTION A: Student Information

Name (First, Middle Initial, Last)	Student ID Number	SSN (Last four digits)
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Home Address (include P.O. Box, Apt. No, etc.)	City, State, and Zip Code	Phone Number
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SECTION B: Third Party Designee

Name (First, Middle Initial, Last)	Relationship to Student
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Home Address (include P.O. Box, Apt. No, etc.)	City, State, and Zip Code	Phone Number
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Email Address		
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SECTION C: Check one or more boxes below to grant consent to release information from that department to the above

<input type="checkbox"/> Academic Affairs	<input type="checkbox"/> Business Office	<input type="checkbox"/> Enrollment Services	<input type="checkbox"/> Financial Aid
<input type="checkbox"/> Student Affairs	<input type="checkbox"/> Other (please specify below):		

SECTION D: Certification

I understand by signing this consent, I am waiving my rights of nondisclosure of my student records under federal law only to the person designated above. This release does not permit the disclosure of this information to any other persons without my written consent.

I further understand that I have the right to change this release at any time during my enrollment and Andrew College and I understand that unless I revoke it in writing, this release remains in effect until I leave Andrew College.

Student's Signature	Date
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