

Office of Enrollment

**AUTHORIZATION TO RELEASE
STUDENT EDUCATION RECORD INFORMATION**

Southwestern College, in compliance with the Family Educational Rights and Privacy Act of 1974, will maintain all students' records within the provision of the act as amended. The information contained in the students' permanent education record will be made available to the student, but not to others without the student's written permission. The only exceptions are official members of the Southwestern College staff who have a legitimate professional right to the materials.

Date: _____

I _____ permit
STUDENT'S NAME STUDENT'S ID DATE OF BIRTH

NAME ADDRESS PHONE NUMBER

NAME ADDRESS PHONE NUMBER

NAME ADDRESS PHONE NUMBER

access to the following personal information contained in my educational records:

- _____ All educational records (this includes GPA, hours, grades, etc.)
- _____ Financial records (this will include scholarship, financial aid, grants, loans, billing information, etc.)
- _____ Only (specifically list here): _____

I hereby allow access to this individual for the specified time allotted:

- _____ One semester
- _____ One Year
- _____ Until further notice

The above information will be released with my full consent. I understand that this authorization remains in effect for the time specified. This release does not permit the disclosure of records to any other persons or entities without my written consent or as permitted by law. **It will be necessary to send a written letter to revoke this authorization prior to the expiration I have indicated, if I choose to end it sooner.**

SIGNATURE OF STUDENT ALLOWING RELEASE OF INFORMATION DATE