

AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION INFORMED CONSENT FORM GUIDELINES

ALL FIELDS MUST BE COMPLETED FOR PROCESSING

PLEASE NOTE:

- *Electronic submissions of this form, including the Guidelines, will be accepted **only** through the official Columbus State email account of the student who signed the attached form.*
- *The specific records listed on the form may be released or discussed only to the person named on the form with appropriate identification verification.*

TO THE STUDENT:

When completing the form you must indicate the following information:

- The department of record, or faculty member of specific course.
- Name and contact information of the person/entity who will receive the student record information.
- The relationship of the person/entity to you, the student. For example: Parent, Guardian, Caseworker.
- The full address, telephone number and e-mail address of the person/entity.
- The **specific** records to be released to the named person/entity. For example: Unofficial transcript, student financial aid documentation, assignment(s) submitted, assignment grade(s), class attendance.
- The **purpose** of the information to be shared.

TO THE OFFICE OF THE REGISTRAR:

Upon receipt of the form you must complete the following steps:

- Upload the completed and signed form to the College's Document Management System for record-keeping.
- Inform, via email, the named Department of Record/Faculty Member that the form has been received and is available on the College's Document Management System.
- Offer guidance as to the **specific** record(s) the Department of Record/Faculty Member may share with the named recipient.
- The method of verification to be used prior to sharing the **specific** record(s) with the named recipient.
- The method(s) of communication that may be used to share the specific record(s) with the named recipient.

TO THE DEPARTMENT OF RECORD/FACULTY MEMBER:

The attached form is from a student granting the College permission to share **specific** record(s):

- You may share only the **specific** record(s) named on the attached form that is held/maintained within your department.
- Faculty Members may share the **specific** record(s) indicated for the course(s) in which the student is currently registered and the named Faculty Member offers instruction. The Faculty Member may not share grades or other information for courses in which the student is registered but the Faculty Member does not offer instruction. *For example:* If you teach ENGL-1100, you may share the record specified for only the ENGL-1100 course you teach. You may not share the information for another course, such as ENGL-2367, if you do not teach that course or the student is not registered in your section of the course.
- The Department of Record for a specific record named on the form may share only the record that is processed, maintained and housed within that department. You may not share a record that is processed/maintained/housed within another department. *For example:* An Academic Advisor may not share a student's registration or grade history. The Office of the Registrar may not share the student's financial aid documentation.

AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION INFORMED CONSENT FORM

ALL FIELDS MUST BE COMPLETED FOR PROCESSING

PLEASE NOTE:

- Electronic submissions of this form, including the Guidelines, will be accepted only through the official Columbus State email account of the student who signed below to registrar@csc.edu.
- The specific records listed below may be released or discussed only to the person named below with appropriate identification verification.

DEPARTMENT/FACULTY MEMBER BEING REQUESTED TO RELEASE RECORDS: _____
(NOTE: THIS DEPARTMENT/FACULTY MEMBER RETAINS THE ORIGINAL DOCUMENTS.)

TO WHOM IT MAY CONCERN:

I (name of student), _____, Cougar ID number: _____ hereby authorize the above named department at Columbus State Community College to release to view and/or orally discuss the education records described below about me to: **(All fields required.)**

NAME: _____ RELATIONSHIP TO STUDENT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER* : (____) _____ E-MAIL ADDRESS* : _____

***: THIS WILL BE THE TELEPHONE NUMBER AND/OR E-MAIL ADDRESS THROUGH WHICH ALL COMMUNICATION WILL BE MADE TO THE ABOVE NAMED RECEIVING PARTY.**

THE SPECIFIC RECORDS, CURRENTLY HELD AND TO BE RELEASED FOR VIEWING OR DISCUSSION BY THE ABOVE NAMED DEPARTMENT, AS COVERED BY THIS CONSENT FORM ARE:

THE PERSON(S) TO WHOM THE INFORMATION MAY BE RELEASED FOR VIEWING OR DISCUSSION, AND THEIR REPRESENTATIVES, MAY USE THIS INFORMATION FOR THE FOLLOWING PURPOSES:

Columbus State Community College complies with The Family Educational Rights and Privacy Act (FERPA) governing student education records (including information on grades, billing, tuition and fees assessments, financial records, and other student record information). Unless an exception to FERPA applies, the College does not disclose student education records or information to anyone (including a student's parents or guardians, spouse, or sponsor) without the student's written consent. For more information you can view the Student Rights under FERPA that are published in the Columbus State Community [College Catalog](#) and [the U.S. Department of Education's FERPA website](#).

By signing below, I authorize Columbus State to release to the person named above information that would otherwise be confidential. I understand that when my education records are disclosed to the person named above, the College has no control over the use the person makes of the records that are released to them.

I understand that, at my request, the college must provide me with a copy of any educational records it releases pursuant to this consent. I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time by providing notice to the college department or person who maintains the records specified in this authorization. This consent expires upon completion of the above stated purpose, or after one year, whichever comes first. However, if the purpose stated above is not fulfilled after one year, I may renew this consent in writing. A photocopy of this authorization may be used in the same manner and with the same effect as the original document.

By signing below, I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

STUDENT SIGNATURE: _____ DATE: ____/____/____

PLEASE PRINT CLEARLY:

NAME: _____
LAST FIRST MI

CougarID NUMBER : _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____