

# College of Biblical Studies

## Office of the Registrar

7000 Regency Square Blvd, Suite 102 • Houston, TX 77036 • phone: (832)252-4631 • fax: (832)252-4698

### STUDENT CONSENT TO RELEASE EDUCATION RECORDS

#### Directions

In compliance with the Federal Family Education Rights and Privacy Act of 1974, and the University Student Education Records Policy, the College is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

You may, at your discretion, grant the College permission to release information about your student records to a third party by submitting a completed Student Consent to Release Education Records authorization. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The College does not automatically send information to a third party.

Submit your completed form to the College Registrar's Office, at the address given above. Please note that your authorization to release information has *no expiration date*; however, you may revoke your authorization at any time by sending a written request to the Office of the Registrar. **NOTE:** For the third party designee you name on this form, this release overrides all FERPA directory information non-disclosure holds you have placed on your records. Social Security data is used only for authentication on this form.

#### SECTION A. Student Information

Name (last, first, middle) *please print*

SSN (last four digits only)

Student ID Number

Street or P.O. box number

city

state

ZIP Code

( )

Daytime phone number

#### SECTION B. Third party designee

Name (last, first, middle) *please print*

SSN (last four digits only)

( )

Daytime phone number

Street or P.O. box number

city

state

ZIP Code

Relation to student

E-mail address

**Please initial one or more of the lines below to grant authorization to different types of information:**

\_\_\_\_\_ Financial Office: Billing statements, charges, credits, payments, loan disbursements, past due amounts, collection activity

\_\_\_\_\_ Registrar Office: Grades/GPA, demographic, registration, student ID number, academic progress status, enrollment information, access to academic records

\_\_\_\_\_ Financial Aid Office: FAFSA data, financial aid disbursements, eligibility, financial aid Satisfactory Academic Progress status

\_\_\_\_\_ Other (be very specific) \_\_\_\_\_

#### SECTION C. Certification

I authorize the above third party, named in Section B, to access the above indicated student record and/or account information. This authorization does not permit the third party to make any changes.

Student's signature

Date

**Revocation of Consent** - Not valid until received by the College Registrar.

I hereby revoke the consent granted above:

Student's signature

Date

Registrar's Office Use: Completed By

Date

Audited By

Date:

Revocation: Completed By

Date

Audited By

Date: