

## Third Party Release Authorization

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

In accordance with federal law and the Family Educational Rights and Privacy Act (FERPA), the College of Extended and Global Education may only release student records directly to the student, unless prior written authorization is given by the student. The release of I-20 and DS-2019 records is prohibited and will never be shared with anyone but the student and/or their dependents. By default, all other student records will not be released to anyone else until this form is properly filled out.

I **decline** and do not give permission to the College of Extended and Global Education to release any of my student records to anyone other than myself.

I **authorize** the College of Extended and Global Education to release my student records to the following individual(s). I understand that only the following individual(s) are authorized to view or have access to my student records. I understand that if I want to make changes to this list, I must contact the College of Extended and Global Education in writing.

### I grant access to the following individual(s):

Name of Person: \_\_\_\_\_

Name of Other Party (Agency): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Person: \_\_\_\_\_

Name of Other Party (Agency): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_

**By signing this form, I agree to the above terms and understand that release of information is effective immediately after granted authorization is submitted.**

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

Student Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

### If student is under 18 years of age:

I am the parent or legal guardian of the student and am signing this document on his or her behalf.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_ Date: \_\_\_\_\_