



Authorization and Consent to Release Education Records  
**Family Educational Rights and Privacy Act (FERPA)**

**Notice for Educational Records**

**Student Education Records** include academic, financial, and judicial records maintained by the College or by any party acting on behalf of the College, such as the National Student Clearinghouse. This includes information such as grades, class schedules, academic status, enrollment status, disciplinary violations, financial aid history, and payment history. As a student, you have the right to review your educational records and to request records you feel are inaccurate or misleading be corrected.

Parents or Guardians of dependent students do not automatically have access to student education records. While educational records will generally be withheld from parents of dependent students without the consent of the student, such information may be disclosed without consent if the College believes the student's enrollment is in jeopardy for academic, disciplinary or safety reasons.

**The Office of Academic Records will withhold education records to all third parties, including parents/guardians, if the student fails to complete and return this form to the Office of Academic Records.**

**Release of Educational Records (Please check all that apply):**

- ☐ **Academic Information** (grades/GPA, registration, student ID number, academic progress, enrollment status)
- ☐ **Financial Aid Information** (awards, application data, disbursements, eligibility, financial Aid Academic progress status, loan defaults)
- ☐ **Student Account Information** (billing statements, charges, credits, payments, past due amounts, collection activity, loan defaults)
- ☐ **Disciplinary Information** (violations, sanctions, disciplinary probation)
- ☐ **All of the Above**
- ☐ **Other (specify)** \_\_\_\_\_

**Person(s) authorized to receive these records (please attach another page for an additional person):**

1. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PURPOSE OF RELEASE: \_\_\_\_\_

2. NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PURPOSE OF RELEASE: \_\_\_\_\_

**By my signature, I acknowledge this consent and authorization to be valid. I understand that this consent remains in effect until written revocation from me is received by the Office of Academic Records.**

STUDENT NAME (PRINT): \_\_\_\_\_ ID: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Staff Section (Students DO NOT fill out this section.)**

Logged into system ☐ Scanned ☐ Additional Comments: \_\_\_\_\_

STAFF MEMBER INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

**Disclosure without consent:** Coker University may disclose Personally Identifiable Information from your education records without consent to a third party for the following reason: school officials with a legitimate educational interest; contractor or other party to whom the school has outsourced institutional services or functions; persons or organizations providing student financial aid, accrediting organizations, state and federal reporting agencies, appropriate health or safety officials and compliance to lawfully issued subpoena or court order. Please visit <https://www.coker.edu/offices-services/academic-records/> to review the full FERPA policy.