

CONSENT TO RELEASE ACADEMIC INFORMATION

Delaware College of Art and Design is subject to and abides by the provisions of the **Family Educational Rights and Privacy Act (FERPA / The Buckley Amendment)**. This law gives students certain rights of access to their educational records and imposes obligations on the College concerning the release and disclosure of those records to third parties. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor. Parties specified on this form will be provided access to indicated records. The specified information will be made available only if requested by the authorized party. The college does not automatically send information to third parties. In addition, this form *authorizes* the College but it does not *obligate* the College to release student records.

Submit your completed form to the Registrar's Office (4th Floor). Please note that your release covers the specified semester only and must be resubmitted each semester. You may revoke your authorization at any time by visiting the Registrar's Office. NOTE: For the third party designated on this form, this release overrides all FERPA directory information non-disclosure holds you have placed on your records. Social Security # is used only verification purposes. **THIS FORM MUST BE COMPLETED BY THE STUDENT ONLY!**

SECTION A. STUDENT INFORMATION

Name (Last, First, Middle Initial)

Social Security Number
(Last four digits only)

Current Mailing Address

Daytime Phone Number

Semester / Term (ex. Fall 2022)

SECTION B. THIRD PARTY DESIGNEE

Name (Last, First, Middle Initial)

Social Security Number
(Last four digits only)

Address

Daytime Phone Number

Relation to Student

Email Address

STUDENT, please initial one or more of the lines below to grant authorization to different types of information:

_____ Business Office: Billing statements, charges, credits, payments, loan disbursements, past due amounts, collection activity, and communication history.

_____ Registrar's Office: Grades/GPA, demographic, registration, student ID number, academic progress status, enrollment information, access to academic records.

_____ Financial Aid Office: FAFSA application data, financial aid disbursements, eligibility, and financial aid Satisfactory Academic Progress status.

_____ Other (Student Life, Academic, etc.): _____

SECTION C. CERTIFICATION

I authorize the above third party, named in Section B, to access (but not change) my student records as specified.

Student's Signature

Date

SECTION D. REVOCATION OF CONSENT:

I hereby revoke the consent granted above. Valid upon return to the Registrar's Office.

Student's Signature

Date

Registrar's Office:

Date Received:

Updated 9.20.22 DJC