

600 N MARKET ST WILMINGTON DELAWARE 19801 302.622.8000

## 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 <u>authorizes</u> the College, but it does not <u>obligate</u> the College to release student records.

Submit your complete form to the Registrar's Office (1<sup>st</sup> Floor). Please note that this release is valid for one school year (Fall & Spring Terms) and must be <u>renewed</u> each year. You may revoke your authorization at any time by visiting the Registrar's Office.

For third parties designated on this form, this release overrides all FERPA directory information non-disclosure holds you have placed on your records. Social Security Number is used for verification purposes only.

## **SECTION A. STUDENT INFORMATION**

Name (Last, First, Middle Initial)	Social Security Number (Last 4 Digits Only)	
Current Mailing Address		
Current Mailing Address		
Daytime Phone Number	Semester / Term (ex. Spring 2022)	
SECTION B. THIRD PARTY DESIGNEE		
Name (Last, First, Middle Initial)	Social Security Number (Last 4 Digits Only)	
Address	Daytime Phone Number	
Relation to Student	Email Address	
Please initial one or more of the lines below to grant a: Business Office: Billing Statements, Charge	authorization to different types of information: es, Credits, Payments, Loan Disbursements, Past-Due Amounts, and collection	ons.
: Registrar's Office: Academic Records (GPA	, Schedule), Transcripts, Student Demographic Information.	
: Financial Aid Office: FAFSA Application Da	ta, Financial Aid Disbursements, Eligibility, and Financial Aid SAP Status.	
: Student Life Office: Housing, Dining, Cond	uct, and Accommodations.	
: Other (be very specific):		
<b>SECTION C. CERTIFICATION</b> 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 upo	n return to the Registrar's Office.	
Student's Signature	Date	
Registrar's Office:	Date Received: Updated 5/5	5/23