

Student Authorization to Release Information

Family Education Rights and Privacy Act (FERPA) of 1974

Instructions: Carefully review the information below. After completing the form, submit it to the ArtCenter College of Design office/staff you are authorizing to release information.

As a student enrolled in a degree-granting program at ArtCenter (also referred to on this form as "the College"), you are hereby informed that a United States law known as the Federal Educational Right and Privacy Act (or FERPA) identifies you as the primary owner of data that are defined as "educational records," regardless of your age, nationality/citizenship, and/or your financial arrangements with the College. Educational records are defined as personally identifiable data that are maintained by the College (such as course grades, attendance, grade point average, financial aid application, scholarship awards, enrollment status in each term, on-campus employment payroll, etc.).

The College does **NOT** require your consent to disclose the following data that it defines under this law as "directory information:" name, ArtCenter e-mail address, degree program, enrollment status (full-time or part-time, and dates of enrollment), honors and awards received from the College, and most recent previous educational institution attended.

In accordance with FERPA, ArtCenter must obtain written consent from a student before releasing educational records of that student to a third party. Such written consent must be signed and dated by the student, specify the records to be released, state the purpose of the release, and identify the party or class of parties to whom the release may be made.

I, _____, _____
Student Name (PRINT) Student ID #

hereby give my written consent to ArtCenter to disclose, make accessible, and furnish the following information upon request (**select all that apply**):

- Financial Aid Records Academic Records
 Accounting Records (tuition, payment, account balance) Other: _____

Purpose of release: _____

Release to (recipient): _____ **Relationship to Student:** _____

Address: _____
Name
 Street City State Zip
 Telephone: _____ E-mail Address: _____

Release to (recipient): _____ **Relationship to Student:** _____

Address: _____
Name
 Street City State Zip
 Telephone: _____ E-mail Address: _____

I understand that my written consent will remain in effect until I notify the ArtCenter office/staff identified on this form, in writing, to cancel or amend my authorization.

I understand that the specific information referenced in this form is being released to a third party at my request with the understanding that she/he/they will not release it to any other parties. ArtCenter is hereby released from all legal responsibility or liability pertaining to the release of the above-mentioned information.

Student's Signature: _____ **Date:** _____

Return completed form to the office that supplied the form by mail, e-mail (must be sent from the student's inside.artcenter.edu e-mail address), or fax to:

Financial Aid Office

ArtCenter College of Design
 1700 Lida St, Pasadena, CA 91103
 Phone: 626.396.2215
 Fax: 626.683.8684
 E-mail: finaid@artcenter.edu

Accounting Office

ArtCenter College of Design
 1700 Lida St, Pasadena, CA 91103
 Phone: 626.396.2332
 Fax: 626.683.0522
 E-mail: accounting@artcenter.edu

Enrollment Services

ArtCenter College of Design
 1700 Lida St, Pasadena, CA 91103
 Phone: 626.396.2313
 Fax: 626.396.2209
 E-mail: enrollmentservices@artcenter.edu

Students have the legal right to change or withdraw the release of above-mentioned information by submitting a new form to the ArtCenter office/staff. The most recently dated authorization will supersede any previous submission.

Students are advised to keep a copy of this release form for their records.

Please note: If ArtCenter is unable to authenticate the third party requesting access to a student's non-directory educational records, then all access to that information will be denied.

FOR OFFICE USE ONLY

FINANCIAL AID _____ ACCOUNTING _____ ENROLLMENT SERVICES _____
 DATE _____ DATE _____ DATE _____