



CONSENT TO RELEASE STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) of 1974 prohibits Snow College from releasing certain personally identifiable information from a student's record to a third party (e.g. parent, spouse, etc.) without the student's explicit written consent. This form serves as written consent when properly completed.

Additionally, to protect the student's information from unauthorized individuals, Snow College requires the student to provide a unique identifier that will allow the designated third party to access information and services over the telephone or e-mail. The identifier should be something that is easily remembered, but something that is confidentially shared between the student and the third party. This identifier will remain valid unless authorization is revoked or if a new request is received.

Instructions. Complete this form with all applicable information. DO NOT SIGN this form until you are in the presence of an appropriate Snow College staff member or Notary Public. Appropriate Snow College staff members are in the following offices: Registrar's Office, Financial Aid Office, Advisement or Student support.

Student Name: \_\_\_\_\_ Snow College ID: \_\_\_\_\_ Password: \_\_\_\_\_

I, the above named student, give consent for the Office of the Registrar at Snow College (or other University officials, such as an academic advisor) to disclose personally identifiable information concerning my educational record to the individual(s) listed below. These individuals also become eligible to act in my behalf. Releasable information includes, but is not limited to, the following: eligibility to register, coursework completed in prior terms, academic standing, credit hours, class schedule, balance due, and financial aid information. Persons listed below will also be able to initiate enrollment for future terms. Please note that grades are NEVER given via telephone or email.

I also understand that the individuals listed below who request information in person are REQUIRED to provide picture ID. By indicating an email address below and password above, the Registrar's Office, an academic advisor, or other university officials may correspond via email or phone.

Snow College may release my information to the following individuals:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I certify this request was signed voluntarily and I understand that it will be in effect until revoked in writing.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by Registrar's Office, Financial Aid, or Advisement Official.

Witness's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Office (circle one): RO : FA : ADV

NOTARY PUBLIC INFORMATION: If you are NOT completing this form in the presence of a Snow College Official as constituted above, this form must be notarized. This ORIGINAL notarized form must be submitted to the Registrar's Office in order to be valid.

Notary Public: \_\_\_\_\_ State of: \_\_\_\_\_
My Commission Expires: \_\_\_\_\_ County of: \_\_\_\_\_
Date: \_\_\_\_\_

SEAL