

AUTHORIZATION TO RELEASE INFORMATION

FERPA (Family Educational Rights and Privacy Act of 1974) is a federal statute that prohibits Arizona College from providing student record information to anyone but the student without the student's written authorization.

Student's Name:	Last 4 digits of SSN	
This consent shall be valid throughout the student's enrollment at Arizona College and thereafter but may be modified or rescinded in writing by the student. I authorize the release of my records to the following person(s) I rescind authorization for the release of my records to the following person(s)		
Individual #1	Phone	Relationship
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INFORMATION TO BE RELEASED: The following information from my records Arizona College may be released to the above-specified persons: □ All records □ Grades and academic standing □ Attendance □ Schedule		
I, the undersigned, do hereby waive my rights under the Family Educational Rights and Privacy Act, and authorize Arizona College to disclose information regarding my enrollment account and/or debt information to the parties above. This authorization is effective immediately and will remain in place until rescinded. It may be rescinded at any time by submitting a subsequent copy of this form. Student's Signature: Date:		