Authorization and Consent to Release Education Records

In accordance with the *Family Educational Rights and Privacy Act of 1974* (FERPA), as amended, a student’s education records are maintained as confidential by the College of Charleston and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the student’s prior written consent. A student may grant permission to authorized personnel of the College to release some or all of that a student’s education records by completing this authorization and consent form. The student will be given a copy of the completed form. **This form must be filed by the student with each office which is being requested to share information with a third party.**

This form must be completed in blue or black ink and may not contain any marked out data.

**CURRENTLY ENROLLED STUDENTS**

Current students should submit the Authorization and Consent to Release Education Records form in person with a valid state or U.S. government issued photo identification.

**FORMER STUDENTS**

Former students who are unable to bring the Authorization and Consent to Release Education Records form in person with valid state or U.S. government issued photo identification may submit the form via postal mail with the following required documentation:

- Notarized photocopy of the original state or U.S. government issued photo identification **AND**
- Completed affidavit with a commissioned notary

Color copies of documentation are preferred. While notarized copies are accepted for specific situation listed above, the College of Charleston reserves the right to demand production of a certified original or color copies. All requests may be subject to review by the Office of Legal Affairs (OLA).
**COLLEGE OF CHARLESTON**
**AUTHORIZATION AND CONSENT TO RELEASE EDUCATION RECORDS**

Blue or black ink only. Complete the form in its entirety – do not leave any section blank. Marked out data will not be accepted.

<table>
<thead>
<tr>
<th>Student Name (print): _______________________________</th>
<th>Student ID: ___________________________</th>
<th>Date: ___________________________</th>
</tr>
</thead>
</table>

**CHECK ALL APPLICABLE RECORD(S)**

- [ ] All Educational Records Listed in this Form
- [ ] Financial Aid Records (includes grants, loans, scholarships)
- [ ] Academic Records (includes transcript, grades reports, advising records)
- [ ] Student Affairs Records (includes housing, conduct/disciplinary, class absence records)
- [ ] Student Account and Billing Records
- [ ] Other Records (specify) ____________________________

**The person(s) authorized to receive these records is (are):**

- Name: ________________________________________________________________
- Address: __________________________________________________________________
- Phone number/Email: _____________________________________________________

- Name: ________________________________________________________________
- Address: __________________________________________________________________
- Phone number/Email: _____________________________________________________

**For the purpose of (please explain):**

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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*I, the undersigned current or former student, hereby consent and authorize:*

**Office or Department or School** with the College of Charleston to release the above records upon the request of the person(s) identified on this document:

<table>
<thead>
<tr>
<th>Student’s signature: ___________________________</th>
<th>Date: ___________________________</th>
</tr>
</thead>
</table>

OLA 05.02.2019
AFFIDAVIT

State of ____________

County of __________

On this _____ day of ___________________, 20____, I, _____________________ (Document Holder), holder of _______________________________ (Name of Documents), consisting of _____ pages, do hereby swear/affirm, and attest that it is a true, exact, complete and unaltered photocopy of the original. To the best of my knowledge and belief, the photocopied document is not a public record, of which certified copies are available from an official source.

_________________________________
Signature of Affiant

Sworn to (or affirmed) and subscribed before me this the _____ day of _______________, 20____.

_________________________________
Official Signature of Notary

(Official Seal)

____________________, Notary Public

Notary’s printed or typed name

_______________ County,

_______________ (State)

My commission expires: _______________

*The county listed at the top of the affidavit is the county where the notarization is taking place. The county near the notary’s signature is the notary’s county of residence.