



Student Security Information
 (No information will be released unless
 this information is provided):

Passcode (5-letters):

Password (7-digits):

Authorization to Release Student Education Record Information

Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act of 1974 (FERPA or Buckley Amendment), is a United States federal law that governs the access of educational information and records to all entities other than the student. Under the FERPA law, the student must authorize the release of his/her educational information and records by providing the information requested below, signing, and dating this form before Stillman College can release the specified information.

Student Information:

		MI	SID#: _____
Last Name	First Name		
Street Address or P. O. Box			Ph#: _____
City	State	Zip	Email: _____

AUTHORIZATION TO RELEASE EDUCATIONAL INFORMATION AND RECORDS (SELECT ALL THAT APPLY)

Financial Aid-includes all general financial aid information

Accounting-includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collection information and deb information

Admissions-Includes date of application, program selected, documents received, documents pending, date of admission, admission status and conditions of admission.

Registration-Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended, and mailing address information, transcripts.

Academic-Includes courses taken, grades received, GPA, academic progress, honors, transfer credit awards, and degrees awarded.

PLEASE PRINT CLEARLY (P=Parent, G=Guardian, S=Spouse, =Other)

Release information to: _____ Relationship, circle one (P G S O)
 (Name, print clearly)

Release information to: _____ Relationship, circle one (P G S O)
 (Name, print clearly)

I understand that this release authorization is valid until cancelled. I further understand that I can cancel this release at any time by submitting a written request of cancellation to the Office of the Provost. Please allow 3-5 business days for cancellation processing.

I give full consent for Stillman College to release information and records as selected.

 Student's Signature

Date: _____

OFFICE USE ONLY:	REQUEST COMPLETED BY:	DATE: