AUTHORIZATION FOR ACCESS TO STUDENT EDUCATIONAL RECORDS
-- RELEASE FORM --

I understand that under the provisions of the federal Family Educational Rights and Privacy Act of 1974, as amended, my college records will not be released without my approval. I hereby authorize Chadron State College's Registrar's Office/Business Office/Office of the Vice President for Enrollment Management and Student Services to release the following information to the following persons, as designated below, upon request. I waive any requirement that I be furnished a copy of those records prior to or concurrent with their release. **This consent remains in effect until I revoke this authorization by completing the reverse side of this form.**

RELEASE OF INFORMATION

I, _____
Name (Please print)

_____ _____
Date of Birth Student NUID #

give permission for:

_____ _____
Name (Please print) Relationship to student

_____ _____
Name (Please print) Relationship to student

to receive information regarding grades, billing and payments, academic and disciplinary reports from Chadron State College upon their request.

_____ _____
Signature of Student **Date**

This form must be notarized.

Subscribed and sworn before me by _____, this _____

day of_____, _____.

_____
Notary Public

My commission expires:_____. (Seal)

To be completed by Chadron State College personnel:

Release of Information placed on PeopleSoft by:

_____
Signature of CSC Official Date

Return to the Office of the Vice President for Enrollment Management and Student Services at Chadron State College.

REMOVE ACCESS AUTHORIZATION

I, _____

Last Name & First Name (Please print)

_____ _____

Date of Birth Student ID #

request that the access authorization as designated on the front side of this form be revoked from the date this form is received/signed in the Office of the Vice President for Enrollment Management and Student Services.

_____ _____

Signature of Student **Date**

To be completed by Chadron State College personnel:

Release of Information removed on PeopleSoft by:

_____

Signature of CSC Official/Title Date