



**Student Consent To
RELEASE CONFIDENTIAL INFORMATION**

The Family Educational Rights and Family Act of 1975 (FERPA) was designed to protect the privacy of educational records. In compliance with the FERPA regulation 34 C.F.R. Part 99.30, the disclosure of information from a student's education record requires the student to provide signed and dated written consent before Metro State discloses personally identifiable information from the student's education records, except as provided in section 99.31.

This form must be presented in person with a proper identification to the Office of the Registrar

Date:	Name of Student (Last, First, Middle Initial):	Student ID Number: 900-____-____
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Specific Records to be disclosed:

Office of the Registrar

- Academic Records including GPA
- Specific Grade Info
- Withdrawal/Drop Status
- Student General Records
- COF Status
- Registration Status
- Course Schedule
- Holds
- Academic Standing
- Release all education records/information
- Release only the following information from my education record (Be Specific): _____

Office of Financial Aid

- Financial aid file. Please note we are not allowed to give out dollar amounts over the phone or e-mail (to the student or designee). This information can be obtained either in person with a valid photo ID or via MetroConnect

Student Accounts/Cashiering

- Account Balance, Charges & Payments (cannot release refund check amount)
- Collections Information
- Contract Information
- Sponsor Information
- Holds
- Tuition and Fee Appeal decisions
- Institutional Correction decisions

Perkins

- Amount Borrowed
- Holds
- Loan Status
- Payment History
- Payoff Balance

- One-Time Use: This authorization can be used only once.
- Limited Use: This authorization expires on: _____
- Long-Term Use: This authorization will remain continuously in effect until I withdraw this authorization in writing.

(If this area is left blank, the release will expire one year after signing.)

Person/Organization to whom information is to be released:

Name: _____ Phone: _____

Address: _____

Phone Release of Information: Provide a personal password only for you and the person to whom this information is to be released. There will be limited information released: _____

I hereby authorize the college to release the indicated information to the designated person/organization shown. This authorization is considered valid until changed by the student in writing, or until expiration date indicated.

Student Signature

Date

Office use only:

Initials of staff member who reviewed identification: _____ Date: _____

rev. 6/08/09

**The student must submit this form with proper identification to:
The Office of the Registrar ■ Central Classroom 105 ■ Denver, CO 80204**