

Student Authorization to Release Academic Information Form

Student ID # Student Name (printed)		lo College does not disc	ational Rights and Privacy Act of 1974 (FERPA). Subject to close a student's educational records and information to others	
Relation to Student (please select one)	CC Student ID#	Student Name (Student Name (printed)	
Parent/Guardian Other: Parent/Guardian Other: Parent/Guardian Other: Parent/Guardian's Name (printed) Address City, State, Zip Code City, State, Zip Code City, State, Zip Code I,		_	ent hereby authorizes Colorado College to disclose the information	
Address City, State, Zip Code City, State, Zip Code I,				
City, State, Zip Code City, State, Zip Code I,	Parent/Guardian's Name (printed)		Parent/Guardian's Name (printed)	
I,	Address		Address	
Student Name (printed) release the following information to the individual(s) listed above: Student Records Suspension Information (due to disciplinary, academic, or financial deficiency)	City, State, Zip Code		City, State, Zip Code	
☐ Student Records ☐ Suspension Information (due to disciplinary, academic, or financial deficiency) /	·	ame (printed)	, authorize the Registrar's Office at Colorado College to	
☐ Suspension Information (due to disciplinary, academic, or financial deficiency)	release the following inform	nation to the individual	l(s) listed above:	
	☐ Student Records			
	☐ Suspension Inform	nation (due to disciplina	ary, academic, or financial deficiency)	
Student Signature Date	Student Signature		/	

To the student: Copies of this form are also available in the Registrar's Office and must be submitted there. You may nullify this authorization, in writing, any time. However, if your parents request this information in spite of your nullification and they are able to provide proof of your dependency status as defined by the Internal Revenue Code, the Registrar's Office is required to release the information.