



oregon college of  
art and craft

# Confidential Student Release Form

Student's Name: \_\_\_\_\_

ID#: A00000 \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**CONSENT FOR RELEASE OF STUDENT INFORMATION** - The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law designed to protect the privacy of a student's educational records. Educational records include financial aid records, which are considered confidential and will not be released without written consent. In accordance with FERPA, it is necessary for OCAC to obtain written consent from the student before releasing any information.

I hereby grant permission to Oregon College of Art and Craft to release information to parties outside the College in accordance with the specifications I have indicated below. I understand that this request does not include the release of any parent information that may be in the file. I understand this consent for release will remain in effect for as long as my educational record is kept by the College. **Students wishing to withdraw this consent may do so in writing.**

### Education records to be released (check all that apply):

- Business Office (billing statements, charges, credits, payments, past due amounts, collection activity)
- Registrar's Office (grades/GPA, registration, student ID number, academic progress, enrollment status)
- Financial Aid Office (awards, application data, disbursements, eligibility, financial aid academic progress status)
- Student Service (housing, psychological services, disabilities accommodations)
- All Records Listed Above
- Other (please specify): \_\_\_\_\_

**By signing above, I have indicated my consent to release the records indicated above to the following party or parties:**

PRINT Name of Party(ies)	<input type="checkbox"/> Please mail to the street address provided.
PRINT Street Address	<input type="checkbox"/> I will pick up the information in the appropriate office with valid I.D.
PRINT City State Zip	<input type="checkbox"/> Please fax to (name):
PRINT Phone Number of Party(ies)	PRINT FAX Number of Party(ies)

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Specific Information Sent: \_\_\_\_\_

Sent By (Employee Name): \_\_\_\_\_ Date Sent: \_\_\_\_\_