



NEW STUDENT ACCOUNT AUTHORIZATION FORM

Family Educational Rights & Privacy Act (FERPA) and the Gramm-Leach-Bliley Act (GLB)

Dear Student:

In our ongoing efforts to protect your privacy and to comply with federal privacy regulations, we are asking that you complete the form below *if you would like the One Stop Student Services Office to release information about your billing and financial aid account to anyone other than yourself*. Please make sure that the person/persons you list are aware of the password that you designate on the form. They will be asked for this password when they inquire about your billing and financial aid account.

The completed form should be returned to:

Columbus College of Art & Design
Attention: One Stop Student Services Office
60 Cleveland Ave.
Columbus, OH 43215-1700

I give permission to the One Stop Student Services Office to release my billing and financial aid information to the person/persons listed below.

(Please print)

(Please print)

The One Stop Student Services Office is authorized to release my billing information by phone, fax, email, or in writing to the party/parties named above. The One Stop Student Services Office must ask for the password that I have designated below before releasing my billing and financial aid information to the above named party/parties.

(password)

Print Name: _____

Student ID #: _____

Signature: _____

Date: _____

Note: This authorization will remain in effect for as long as you have an account with CCAD or until you notify us otherwise in writing. The One Stop Student Services Office will not release any financial information if the student does not have a completed FERPA release form on file.