



Authorization to Release Information

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. By signing this form, you agree that college personnel may provide information from your education records as indicated below.

Name of Student: _____

Student ID: 000-_____-_____

DOB: ____/____/____

I, the undersigned, authorize the Columbus College of Art & Design to release the following educational records and/or any information contained therein.

All Educational Records

All Financial Records

All records

Other _____

Name and relationship with person. (i.e., advisor, parent, friend, attorney):

Name: _____

Relationship: _____

Passcode : _____

I understand and acknowledge that: (1) I have the right not to consent to the release of my education records; and (2) this consent shall remain in effect until revoked by me, in writing, and delivered to the Columbus College of Art & Design, but that any such revocation shall not affect disclosures made prior to the receipt of any such written revocation.

Student Signature: _____

Date: __/__/____

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