

## FERPA: AUTHORIZATION TO RELEASE RECORDS

In compliance with the Family Educational Rights and Privacy Act (FERPA), the College for Creative Studies will disclose information from educational records with the student's written consent, using this form. The FERPA policy is explained in the CCS Policy Database available to students.

**All sections of this authorization form must be complete and signed by the student**, otherwise it will be recorded as invalid and voided. This form does not authorize recipients to change student records or act on their behalf (add/drop classes, etc).

**Submit this form to the Academic Advising & Registration Office (AARO) in person (valid photo ID required).**

RELEASE EDUCATION RECORDS TO THE FOLLOWING RECIPIENT(S):			
Last Name	First Name	Last Name	First Name
Relationship/Organization/School		Relationship/Organization/School	
Address		Address	
City/State/Zip		City/State/Zip	
RECORDS AUTHORIZED FOR RELEASE			
<input type="checkbox"/> All Academic Records <input type="checkbox"/> Grades/Unofficial Transcripts <input type="checkbox"/> Class Schedule		<input type="checkbox"/> Financial Records (Financial Aid, Invoices, etc.) <input type="checkbox"/> Disciplinary Records	
PURPOSE OF RELEASE			
<input type="checkbox"/> Family Communication/Emergency <input type="checkbox"/> Educational Institution		<input type="checkbox"/> Employment <input type="checkbox"/> Other (specify):	
STUDENT SIGNATURE/AUTHORIZATION			
<ul style="list-style-type: none"> <li>I understand that by signing this authorization for release, I am waiving my right to keep this information confidential under the Family Education Rights and Privacy Act (FERPA) and I certify that my consent for release is voluntary.</li> <li>I understand the information may be released verbally or in the form of copies, as requested by the recipient.</li> <li>I understand that this authorization will remain in effect until I request to remove the authorized recipients in writing to the AARO.</li> </ul>			
Student Name (Print)		Student ID#	
Student Signature		Date	

*FOR AARO USE ONLY*

Processed by: \_\_\_\_\_

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

**RETURN FORM TO:**  
 College for Creative Studies  
 Academic Advising & Registration Office (AARO)  
 201 East Kirby Street, Detroit, MI 48202  
 Phone: (313) 664-7672