Office of the Registrar **Student Consent for Access to Records**

Name of student **Student ID number** **Date**

The **Family Educational Rights and Privacy Act** (FERPA) affords certain rights to students concerning the privacy of, and access to educational records. Students may choose to complete and submit this form to the Registrar allowing release of education records to specified third parties. Please note that while this form authorizes Jarvis Christian College to release such records to specified third parties, it does not obligate the College to do so. Jarvis Christian College reserves the right to review and respond to requests for release of records on a case-by-case basis. For additional information, visit the U.S. Department of Education's website at: http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

Instructions for completing this form:
The form is to be completed and signed by the student. Records cannot be released if any section is incomplete. This completed form may be submitted in person or by mail to: Jarvis Christian College, Office of the Registrar, P.O. Box 1470, Hawkins, TX 75765-1470; or via FAX at 903-769-1282.

RECORDS TO BE RELEASED (check all that apply)

_____ **Academic Information**: (grades/GPA, registration, student ID number, academic progress, enrollment status)
_____ **Financial Aid Information**: (awards, application data, disbursements, eligibility, financial aid academic progress status)
_____ **Loan Information**: (college-maintained loan disbursement, billing and repayment history, balances, collection activity)
_____ **Student Account Information**: (billing statement charges, credits, payments, past due amounts, collection activity)
_____ **All records listed above**
_____ **Other** (please specify): _____

Person(s) whom access to education records may be provided:
Name(s) of person(s), Telephone # & Address(es) to whom access to records may be provided (use back of page if necessary).

1. _____
2. _____
3. _____
4. _____

Duration of Release
_____ Limited Use: This authorization expires on _____

Purpose of Release
_____ Family _____ Employment _____ Admission to an Educational Institution
_____ Other (please specify) _____

I understand that: (1) I have the right to inspect any written records pursuant to this consent, and (2) I have the right to revoke this consent at any time by providing a written statement to the Registrar.

_____/_____ _____/_____
Student Signature **Date** **Signature of Parent/Guardian, if under 18** **Date**