PLEASE SIGN AND RETURN THIS FORM:			
By Mail:	**By Email:**	**By Fax:**	**In person:**
Georgia College & State University Registrar's Office Campus Box 69 Milledgeville, GA 31061	registrar@gcsu.edu	(478) 445-8535	Parks Hall 107 Monday-Friday 8 AM-5 PM

STUDENT INFORMATION RELEASE AUTHORIZATION (FERPA WAIVER)

The Family Educational Rights and Privacy Act (FERPA) is a federal law that generally prohibits the University from disclosing information from a student's education records -- including grades, financial aid, and academic standing – to third parties (such as parents, guardians, sponsors, or spouses) without the student's written consent. By completing this form, the student authorizes the University to disclose information from their education records to the individual(s) identified below. Students may also grant this access through the Bobcat Family Experience portal. This authorization remains in effect until revoked by the student by providing a signed, written request to the Registrar's Office.

This authorization only permits the release of information to the designated individual(s). It does not authorize those individuals to act on the student's behalf or to grant access to others. The University may decline to release information if it cannot reasonably verify the identity of the recipient. If this form is not submitted to the Registrar's Office in person, the University also reserves the right to verify that the student submitted the authorization before processing the request.

STUDENT INFORMATION:

GCID: _____

NAME: _____ _____ _____
LAST **FIRST** **MIDDLE**

ADDRESS: _____

CITY: _____ **STATE:**_____ **ZIP:**_____

CELL PHONE: _____

BOBCATS EMAIL ADDRESS: _____

RELEASE INFORMATION TO:

NAME: _____ _____ _____
LAST **FIRST** **MIDDLE**

ADDRESS: _____

CITY: _____ **STATE:**_____ **ZIP:**_____

CELL PHONE: _____

NAME: _____ _____ _____
LAST **FIRST** **MIDDLE**

ADDRESS: _____

CITY: _____ **STATE:**_____ **ZIP:**_____

CELL PHONE: _____

Release Authorization

I hereby authorize Georgia College & State University to release information regarding my academic records to the individual named above in person. Proper identification is required for access to records.

_____ _____
STUDENT SIGNATURE **DATE**