



PLEASE SIGN AND RETURN THIS FORM:		
By mail:	E-mail:	Fax:
Georgia College & State University Office of the Registrar Campus Box 69 Milledgeville, GA 31061	registrar@gcsu.edu	(478) 445-1914

## FERPA Request Form

The Family Educational Rights and Privacy Act (FERPA) is a Federal law designed to protect the privacy of a student's education records. This Act prohibits university officials from disclosing any records, including grade reports, academic standings, transcripts of records, or any other records, files, documents, and materials in whatever medium, which contain information directly related to the student and from which the student can be individually identified.

Georgia College & State University must have a signed acknowledgment from you before educational information can be released to a third party (i.e., parent, spouse, etc).

Please complete all items below and return this authorization form to the Office of the Registrar only if you want another party to have access to this information.

### STUDENT INFORMATION

GCID: _____		
NAME: _____		
LAST	FIRST	MIDDLE
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
DAYTIME PHONE: _____		ALTERNATE PHONE: _____
E-MAIL ADDRESS: _____		

### RELEASE INFORMATION TO:

NAME: _____		
LAST	FIRST	MIDDLE
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
DAYTIME PHONE: _____		ALTERNATE PHONE: _____
NAME: _____		
LAST	FIRST	MIDDLE
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
DAYTIME PHONE: _____		ALTERNATE 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