



FERPA Consent Form

Allows Parent or Other Representative to Review or Act Upon a Student's Record

Date: _____ Student Name: _____ ID: _____

I hereby grant permission for these designated representative(s)

Name of person/relationship: _____

Name of person/relationship: _____

to review or act upon my education and financial records at Colorado Christian University. I understand that in releasing my consent, the information maintained in the education records, otherwise protected by the Family Education Rights and Privacy Act (FERPA), and state laws, where applicable, may be disclosed with my consent to the above named. This consent shall remain in effect until revoked by me in writing, but any such revocation shall not affect disclosures previously made by the representatives to whom I have granted consent in written form.

Student's Signature: _____ Date: _____

This permission is valid for the following dates: Start: _____ End: _____
(Optional)

For Use by Parent or Other Designated Person(s) as Affidavit of Non-Disclosure

In reviewing or acting upon the financial and education records of (student): _____, I will be given access to confidential information maintained in the education and financial records of the named student. I understand this information is protected under FERPA and state laws, where applicable. I hereby acknowledge that I fully understand that the intentional release by me of this information to any unauthorized person could subject me to penalties imposed by Federal and state laws.

Signature: _____ Signature: _____

Name: _____ Name: _____

Date: _____ Date: _____