



Records Department
 Room 2220, West Campus
 3300 Century Avenue North
 651.779.3299
Fax: 651.773.1708
 records@century.edu

AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION

This release will remain in effect as long as you are a student at Century College unless you revoke authorization found on the back of this page. For the third party designee you name on this form, this release overrides all FERPA director suppression information that you have set up in your student record. However, please note that it is Century College's policy not to release certain aspects of student records over the phone or via e-mail.

1. Student Information

Name (Last, first, middle initial)	Student ID Number	Phone Number
Address	Email Address	

2. Third Party Designee

Name (Last, first, middle initial)	Relationship to Student	Phone Number
Address	Email Address	

In order for Century College to verify the identity of the third party you have authorized, please indicate a password that the third party must provide when accessing the records selected below. It is your responsibility to communicate this password to the authorized third party. (DO NOT share your password with unauthorized parties). **Password:** _____

The specific records covered by this release are (select all that apply):

- | | |
|---|---|
| <input type="checkbox"/> All
<input type="checkbox"/> Admissions (application status, demographic information)
<input type="checkbox"/> Bills & Payments (e.g.: charges, credit, payments & past due amounts)
<input type="checkbox"/> Financial Aid (e.g.: application status, eligibility, awards, & application data) | <input type="checkbox"/> Registration (e.g.: class schedule, enrollment information, grades, academic performance, add/drops, & number of credit hours)
<input type="checkbox"/> Advisors/Counselors
<input type="checkbox"/> Faculty/Academic Dean
<input type="checkbox"/> Other (Please specify): _____ |
|---|---|

3. Certification

I understand the student records information listed information classified as private under Minn. Stat. 13.32 and the Federal family Education Rights and Privacy Act. I understand by signing the informed consent form, I authorize Century College to release the persons named above and their representative's, information which would otherwise be private and not accessible to them. I understand without my informed consent, Century College could not release the information described above because it is classified as private.

I understand when my education records are release to the persons named above and their representatives, Century College has no control over the use the person(s) named above, or their representatives, make of the records which are released.

I understand, at my request, Century College must advise me of any educational records it releases to the persons named above pursuant to this consent. I understand I am not legally obligated to provide this information and I may revoke this consent at any time. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents.

I hereby authorize Century College to release and/or orally discuss the education records selected to the third party designee listed above. I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.

Student Signature: _____ Effective Date: _____

This form must be submitted in-person by the student to the Records Office (W2220). Students are also encouraged to provide a copy of the signed form to their Third Party Designee. A government issued photo or student ID must be presented to the Records Office when submitting this form.	ID Verified _____ (Staff Initials)
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4. Revoke Access to Information

I wish to revoke access to my education records for _____ on _____
(Name/Organization/Department) (Date MM/DD/YYYY)

Signature: _____ Date: _____

5. Other

If there is an extenuating circumstance and the student is not present to show a valid government issued photo ID, the student may have this form notarized in the space below.

Student Signature: _____ Effective Date: _____

Signed before me on _____, 20__ by _____ the student.	
_____	NOTARY STAMP HERE
(Notary's official signature)	

(Title of office)	

(Commission Expiration)	