



STUDENT CONSENT FOR RELEASE OF EDUCATION RECORDS
THE AMERICAN UNIVERSITY OF THE CARIBBEAN
OFFICE OF THE REGISTRAR

Instructions for completing this form:

1. The form must be fully completed and signed by the student. Student information will not be released if any section of this form is incomplete.
2. Submit completed forms to the Office of the Registrar via email aucregistrar@aucmed.edu or fax 305-489-3878. If on campus, the completed form may be submitted to the campus registrar in person. Questions about this form may be directed to the Office of the Registrar at (305) 569-8823.

Name of Student (Last, First, Middle Initial):	Student ID:	Date:
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The Family Educational Rights and Privacy Act (FERPA) affords students certain rights concerning the privacy of, and access to, their education records. Students may submit this form to the Registrar to allow the release of their education records to specified third parties. Please note that while this form *authorizes* AUC to release education records to third parties, it does not *obligate* AUC to do so. AUC reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the U.S. Dept. of Education's website at: www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

SECTION A. Education 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** (University-maintained loan disbursements, billing and repayment history [including credit reporting history], communication history, balances, collection activity)
- Student Account Information** (billing statements, charges, credits, payments, past due amounts, collection activity)
- All records checked above**
- Other** (please specify): _____

SECTION B. Person(s) to whom the student's information may be provided:

Name(s) of person(s) to whom records may be provided (use additional pages if necessary)

Address(es) of person(s) to whom records may be provided; *include relationship to student*

SECTION C. Duration of release (check one):

- One-Time Use:** This authorization can be used only once.
- Limited Use:** This authorization expires on: ____/____/____

SECTION D. Purpose of release (check one):

- Family Communications**
- Employment**
- Admission to another Educational Institution**
- Other** (please specify): _____

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the University Registrar.

Student's Signature _____ (Date) _____

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.