



# Rust College

## FERPA RELEASE OF INFORMATION CONSENT FORM

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Telephone Number

The Family Educational Rights and Privacy Rights and Privacy Act (**FERPA**) is a federal law that protects the privacy of student educational reports. The law applies to all educational agencies and institutions that receive funds under an applicable program of the U.S. Department of Education.

Please check the option under which you, the student, request the Rust College Office of the Registrar to apply your FERPA rights in connection with your records.

\_\_\_\_\_ I **consent** to the release of my educational records to the individuals listed (*please check all that apply*)

\_\_\_\_\_ academic records    \_\_\_\_\_ account transactions and balances

\_\_\_\_\_ financial aid records

**PIN Number (4 alphanumeric characters)** \_\_\_ \_ \_ \_

The above indicated PIN# must be provided to all individuals below. When requesting information, they will be required to provide their names, their relationship to you and the PIN# selected above.

\_\_\_\_\_ I **do not consent** my rights to privacy, and do not authorize Rust College to release any directory, academic, accounting, or financial aid information. Under rights granted to me by FERPA, I request that directory information not be released without my prior consent. I understand that this notification is valid until such a time that I provide written documentation to release directory information. I also further understand that this form is not valid unless it is completed and returned to the Office of the Registrar.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

This authorization will remain in effect until such time as I revoke it in writing or initiate an updated form.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of the Registrar Representative Signature

\_\_\_\_\_  
Date Processed