



COLLEGE OF SANTA FE

## 2008-2009 AUTHORIZATION TO RELEASE INFORMATION

In accordance with the Family Education Rights and Privacy Act (a.k.a. the Buckley Amendment), which requires that colleges and universities protect the privacy of student records, it is College of Santa Fe's policy NOT to release certain information to anyone other than the student, unless the student has given us express permission to do so. Please note that this limitation includes PARENTS and SPOUSES. If you would like anyone other than yourself to have access to your information, please complete this form and return it to the Student Financial Services Office. Check the boxes below to indicate which type(s) of information you authorize to be released. (Note: if NO boxes are checked, we will assume that ALL categories of information can be released to the persons listed on this form). If you do not complete this form, information will not be released to anyone other than yourself.

*I, the undersigned, authorize College of Santa Fe to release any information from the categories checked below to the person(s) I designate on this form. I understand that I must complete a new Authorization to Release Information each year that I attend College of Santa Fe. I understand that if I do not check ANY of the boxes below, that I am authorizing the College of Santa Fe to release information from ALL categories listed here:*

- Student Accounts (billing information, charges, etc.) *Student Financial Services*
- Financial Aid *Student Financial Services*
- Academic Records (note: grade information will NOT be given out over the phone to ANYONE.) *Registrar*
- Attendance *Registrar and/or Student Life*
- Class Schedule *Registrar*
- Academic Probation Information *Registrar*
- Disciplinary Action Information *Student Life*
- Tutoring Received *Academic Resource Center*
- Housing Information *Residential Life*

STUDENT ID OR SOCIAL SECURITY #: \_\_\_\_\_

STUDENT NAME (Printed): \_\_\_\_\_

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

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**Release information to the following:**

NAME(#1): \_\_\_\_\_

LAST 4 DIGITS OF SSN: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_  
(Required - used for verification purposes)

NAME(#2): \_\_\_\_\_

LAST 4 DIGITS OF SSN: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_  
(Required - used for verification purposes)

*If additional spaces needed, please attach another sheet and provide above information.*

08ATHRLS; Authorization to Release Information

**Please return this form to the Student Service Center**