



# Student Information Release Form

The Family Education Rights to Privacy Act (FERPA) requires a student’s written consent in order for Anna Maria College to release confidential student records to another party, except under limited exceptions cited in FERPA permitting release without consent.

I, \_\_\_\_\_ (name of student), hereby authorize  
(PLEASE PRINT FULL NAME)

Anna Maria College to provide the specific information cited below to the specific parties also cited below:

**Financial Records**, (these records may include, but not limited to, Financial Aid, Business Office, Residence Life charges and accounts.)

**Academic Records/Transcript**, (the name and address of the recipient must be listed on this release form.)

**Other** (must specify the type of information): \_\_\_\_\_

Name of the individual(s) or group(s) I wish to release the information to:  
(PLEASE PRINT)

Spouse \_\_\_\_\_

Mother/Stepmother: \_\_\_\_\_

Father/Stepfather: \_\_\_\_\_

Other: (Must Specify): \_\_\_\_\_

Purpose: \_\_\_\_\_

I acknowledge by my signature that I understand although I am not required to release my specific records to these individual(s), I am giving my consent to release the information. I understand that this release remains in effect from the date it is received by Anna Maria College until such time as I alone may revoke it in writing, and that revocation is delivered to the office of the Registrar at Anna Maria College. I also understand that any such revocation shall not affect disclosures previously made by Anna Maria College prior to the receipt of any such written revocation.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Name of Witness: (Please Print) \_\_\_\_\_

Please return this to the:  
**Office of the Registrar, BOX M**