



STUDENT CONSENT TO DISCLOSURE TO PARENT, LEGAL GUARDIAN OR THIRD PARTY

In accordance with the *Family Educational Rights and Privacy Act (FERPA of 1974, 20 USC & 1232g and 34 CFR & 99)*, Georgia Southwestern State University must obtain written consent from a student before releasing or discussing student and/or financial aid records or student accounts of that student with a parent, legal guardian or third party. Such written consent must: be signed and dated by the student, specify the records to be released, state the purpose of the release, and identify the party or parties to whom release may be made. This Student Consent to Disclosure form facilitates a request/authorization by the student.

A. Student Information

Student's Full Legal Name: _____

GSW Student ID: _____ Contact Number: _____

Address: _____

B. Disclosure Information

All of the following information will be made available to the designee provided.

- **Academics** - Grades/GPA, demographic, registration, student ID number, academic progress status, and /or enrollment information.
- **Financials** - Information includes financial aid awards, application data, disbursements, eligibility, and /or financial aid satisfactory academic progress, GSW maintained billing and repayment history including charges, credits, balances, past due amounts and/or collection activity.
- **Student Conduct** - Information concerning student's conduct records.

I consent that specific information referenced on this form is being released to my parent, legal guardian or a third party at my request, and Georgia Southwestern State University is hereby released from all legal responsibility or liability.

I consent to the disclosure of any personally identifiable information from my education records, financial records and judicial records to my parent, legal guardian or a third party. This authorization will remain in effect until an updated form is submitted to revoke authorization.

This form must be signed in the presence of an employee in one of the following offices: Registrar, Financial Aid, Student Accounts or Student Affairs. If the form is not signed in the presence of one of the above mentioned offices it must be notarized before submission.

Student's Signature Date

GSW Employee Signature Date

Notary Signature Date

Date My Commission Expires

C. Parent, Legal Guardian or Third Party Information.

Name(s)

Name(s)

Relationship to Student

Relationship to Student

Telephone

Telephone

D. Revoke Authorization (To revoke a prior Student Consent to Disclosure)

Authorization will remain active and on file until the student submits a signed statement revoking the consent. A signed statement revoking the consent is to be sent to the GSW Office of the Registrar. This statement must be signed in the presence of an employee in Registrar's Office or it must be notarized before submission.

For Office Use Only: (Please initial)

Date Received: _____

Processed in Banner: _____

Scanned: _____