



**BUSINESS OFFICE – AUTHORIZATION FOR RELEASE INFORMATION**

**STUDENT INFORMATION**

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone # Date of Birth

The Family Education Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. For your protection, FERPA limits release of student record information without your written consent except in limited circumstances.

By completing this form, I authorize the release of all information regarding my financial records, billing charges and payment information to the individual(s) listed below. I understand that if I choose to cancel this authorization, I must provide a written notice to the Business Office. Canceling this release does not affect any information released by the office prior to receiving the cancellation request. If I wish to have my records released to any other person(s) after I submit this form, I must complete a new Authorization for Release of Information.

\_\_\_\_\_  
Name Relationship to Student Telephone Number

\_\_\_\_\_  
Name Relationship to Student Telephone Number

Before any of your student information is released, the above person(s) must be able to verify their relationship to you, and all of the following information about you:

- Full Name
- Student ID
- Mailing Address
- Date of Birth

By signing this document you consent to the release of your financial records, billing charges and payment information to the individual(s) listed above. This consent applies to records that may otherwise be protected under the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended by, 20 U.S.C. 1232g. This authorization will be applicable throughout your enrollment at Cabarrus College of Health Sciences or until you notify us in writing to cancel it.

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