



STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS
OFFICE OF THE REGISTRAR

Name of Student (Last Name, First, Middle Initial):

Student ID:

Date:

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar allowing release of their education records to specified third parties. Please note that while this form authorizes Jarvis Christian College to release education records to third parties, it does not obligate Jarvis Christian College to do so. Jarvis Christian College reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the U.S. Department of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html

Section A. Education records to be released (check all that apply)

- Academic Information: (grades/GPA, registration, student ID number, academic progress, enrollment status)
Financial Aid Information: (awards, application data, disbursements, eligibility, financial aid academic progress status)
Loan Information: (college-maintained loan disbursements, billing and repayment history, balances, collection activity)
Student Account Information: (billing statement charges, credits, payments, past-due amounts, collection activity)
All Records listed Above
Other: (please specify):

Section B. Person(s) to whom access to education records may be provided

Name(s) of Person(s) and Address(es) to whom access to records may be provided (use additional pages if necessary).

- 1)
2)
3)

Section C. Duration of Release

- One-Time Use: This authorization can be used only once
Limited Use: This authorization expires on

Section D. Purpose of Release

- Family Communications
Employment
Admission to an Education Institution
Other (please specify):

I understand that (1) I have the right to consent to release of my education records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Registrar.

Student Signature

(Date)

Signature of Parent or Guardian (if under 18)

(Date)

Instructions for Completing this Form:

- 1. The form must be fully completed and signed by the student; records cannot be released if any Section is incomplete.
2. Completed forms should be submitted in person, by mail, or via fax to: Jarvis Christian College, Office of Registrar, Post Office Box 1470, Hawkins, TX 75765. FAX: 903-769-1282.