

RELEASE OF CONFIDENTIAL

INFORMATION FORM

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the disclosure of information from a student's educational record is considered confidential and will not be released, with certain exceptions, without the student's written permission. In accordance with FERPA, the University of Colorado Anschutz Medical Campus will disclose to a parent(s), spouse, other family member(s), or third party(s) information from the student education record provided the University has on a file written consent from the student. Please complete the following information below and return to the Office of the Registrar, 13120 E. 19th Ave., Education 2 North, Room 3212, Aurora, CO 80045.

This form must be submitted in person with a photo ID.

Staff initials: _____

(Student Name)

(Student ID)

1. Specific Records that may be disclosed:

- Transcript Request
- Grades
- GPA
- Class Schedule
- Academic Advising
- Holds that impact registration, release of transcripts/diploma, or refunds
- Student Billing/Finances, including account information and holds
- Financial Aid (Financial Aid Information is limited per Gramm-Leach-Bliley Act of 1999)
- Tuition Classification/Residency (*may include detailed financial, credit card, banking, IRS Tax forms, and other personally sensitive information)
- All the above

Other specific information from my educational record (can be date specific): _____

2. You must state the purpose of the disclosure:

- To provide the information to the person(s) indicated below
- Other purpose: _____

3. List below the name(s) to whom the information may be released (please print clearly). You must establish a password with these individuals before we can provide access to information from your student educational record. We will not release any information from your record (other than directory information) unless the person(s) named below provides us this password.

Release to: _____ Password: _____

Release to: _____ Password: _____

Release to: _____ Password: _____

4. Authorization to release my information expires on: _____.

Note: Requests are valid for one calendar year unless specified by the student with an expiration date.

By signing below, you agree that University personnel may provide the information identified above from your education record. This approval will remain in your record, and will allow us to release the information you have authorized, even when you are no longer listed as a dependent upon your parent's income tax return, or you have graduated or left the University, unless you revoke this permission.

NOTE: Even if you do not sign this form, your parents may access your education records, excluding financial aid per federal regulations, if you are still a dependent and they declare you as a dependent on their most recent federal income tax form and you are under 21 years old (according to the Internal Revenue Code of 1986, Section 152).

Student Signature

Date

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