

STUDENT INFORMATION RELEASE AUTHORIZATION

DIRECTIONS In compliance with the Federal Family Education Rights and Privacy Act of 1974 Digital Media Arts College, is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees assessments, financial assistance (including scholarships, grants, work-study, or loan amounts) and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor. You may, at your discretion, grant the College permission to release information *about your student records to a third party by submitting a completed Student Information Release Authorization form*. You must complete a separate form for each third party to whom you grant access to information on your student records. *For example: one for your mother and one for your father*. The specified information will be made available only if requested by the authorized third party. The College does not automatically send information to a third party. Submit your completed form to the office of the Associate Dean. Please note that your authorization to release information has *no expiration date*; however, you may revoke your authorization at any time by sending a written request to the same office. **NOTE:** For the third party designee you name on this form, this release overrides all FERPA directory suppression information that you have set up in your student record.

Student information		
Name: Last name	First name	Middle initial
Current Mailing Address:	City/State:	Zip code
Social security # or student ID #:	Home Phone # :	Cell phone #
Third Party designee		
Name: Last name	First name	Middle initial
Address:	City/State:	Zip Code:
Social Security number:	Daytime phone #:	Cell phone #:
I authorize Digital Media Arts College to release information regarding my Grades, GPA, academic progress/status and/or enrollment information. (Check yes or no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For non-dependent students: I authorize Digital Media Arts College to release information regarding my financial assistance, disbursement, eligibility, College-maintained loan and scholarship disbursement, balances and/or collection activity to the above third party. (Check yes or no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certification: I authorize the above third party to access the above indicated student record and/or account information.		
Student's signature:		Date:

Office Use Only:

ENTERED IN CAMPUS: _____ initials