



THIRD PARTY RELEASE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

While I am a student at Columbia College I hereby grant the College permission to release information from my educational record to the individual specified below. This includes any academic information such as grade reports and financial information such as student account or financial aid records.

I am aware that Federal and State Laws provide me the right to withhold this information from third parties, including my parents, if I so desire.

This document is granting release to the individual specified below only. Release to any other third party requires separate permission on an additional form. I understand that this request will be honored until I request in writing that it be withdrawn.

Name of Individual Receiving Information

Street Address

City, State, Zip

Student's name (please print)

Student's Signature

College ID Number

Date

Receipt acknowledged by Student Records & Transcripts Office _____ Date _____