

Clayton State University

Bursar's Office

Edgewater Hall #278

2000 Clayton State Blvd. Morrow, GA 30260
(678) 466-4295 Office (678) 466-4299 Fax

STUDENT AUTHORIZATION TO RELEASE STUDENT ACCOUNT INFORMATION

STUDENT NAME _____ LAKER ID _____

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law which prohibits the disclosure of a student's educational record, including student account information without written consent of the student. By signing this authorization, you consent to have our office personnel to discuss your student account record for the current academic year, including but not limited to your any outstanding balances and types of financial aid awards.

To facilitate the authorization of these people, please complete this form and return it to our office either in person, by fax or by email along with a copy of your valid photo ID.

TO WHOM IT MAY BE RELEASED

Disclose information as specified above to the following party/parties: Bursar's Office will confirm with authorized party their name, relationship and identifier before releasing information.

1. Print Name _____ Relationship _____

2. Print Name _____ Relationship _____

PURPOSE OF RELEASE: _____

This form will be kept on file for **one academic year** and authorizes the indicated parties to have access to ALL aspects of your financial aid record for the 20____ - 20____ academic year.

STUDENT SIGNATURE _____ **DATE** _____

**Limited information will be given by telephone to all parties.*