

UNIVERSITY OF WEST GEORGIA

FERPA CONSENT TO RELEASE - EDUCATIONAL INFORMATION

I, _____, _____
Name of Student (Last, First, Middle) *Student ID: (917#)*

consent to the release of my education records to the individual(s) listed below for the purpose of keeping them informed about my education at the University of West Georgia. I understand this authorization will remain in effect for a period of 6 years from date of signing or until revoked. I understand education records include, but are not limited to, information about my academic standing, disciplinary issues and financial obligations.

SECTION A. EDUCATION records to be released

- ALL EDUCATION RECORDS – NO LIMITATIONS [or CHECK SPECIFIC RECORDS BELOW]**
- Academic Information** (*grades/GPA only*)
 - Academic Information** (*registration, student ID number, academic progress, class schedules.*)
 - Account Holds** (*registration, athletics, admission, advising, finaid, health services, etc.*)
 - Employment Records** (*employment info related to student enrollment status i.e., SA, GA, GTA, RA, GRA, FWSP*)
 - Financial Aid/Loan Information** (*awards, application data, disbursements, eligibility, academic progress status, billing/repayment history [including credit reporting history], balances, and collection activity.*)
 - Student Account Information** (*billing statements, charges, refunds, payments, past due amounts, collection activity.*)
 - Disciplinary Records** (*conduct records related to Student Code of Conduct and the Academic Integrity Policy.*)
 - Other** (*please specify*) _____

SECTION B. PIN Access Code Creation and Authorization

Create a unique PIN (Personal Identification Number) for each of the designated individual(s) listed below. Provide this access code to those individuals and UWG staff will use this PIN code to verify their identity.

FOUR (4) DIGIT PIN ACCESS CODE: _____ **FOUR (4) DIGIT PIN ACCESS CODE:** _____

The University of West Georgia is authorized to release information to the following individuals (please print clearly):

<p>_____ Name</p> <p>_____ Mailing Address</p> <p>_____ City, State, Zip Code</p> <p>_____ (Area Code) Telephone</p> <p>_____ Relationship to student</p>	<p>_____ Name</p> <p>_____ Mailing Address</p> <p>_____ City, State, Zip Code</p> <p>_____ (Area Code) Telephone</p> <p>_____ Relationship to student</p>
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I understand that (1) I have the right NOT to consent to the 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 submitting notification either in writing or via The UWG Family portal directing the University to no longer release information to any or all of the individuals listed above.

By signing, the University of West Georgia is hereby released from all legal responsibility or liability for the release of the above-mentioned information.

Student's Signature (required) *Date*

RETURN THIS FORM WITH A COPY OF PHOTO ID:	The Momentum Center, 1601 Maple Street, Carrollton, GA 30118, FAX (678) 839-6439 or EMAIL studentsolutions@westga.edu .
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