

Name of Student (Last, First, Middle):	Student ID: (917...)

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Register allowing the release of their education records to specified third parties. Please note that while this form *authorizes* UWG to release education records to third parties, it does not *obligate* UWG to do so. UWG reserves the right to review and respond to requests for release of education records, or information contained therein, on a case-by-case basis. **Please note that FERPA provides that your records may be released without your consent under certain circumstances.**

Instructions: Submit completed form with a photo ID in person or by mail to the **Momentum Center**, University of West Georgia, 1601 Maple Street, Carrollton GA 30118, or fax (678) 839-6439. Office hours are: Monday – Friday, 8am – 5 pm.

SECTION A. EDUCATION records to be released:
<input type="checkbox"/> ALL EDUCATION RECORDS – NO LIMITATIONS [or CHECK SPECIFIC RECORDS BELOW] <input type="checkbox"/> Academic Information (grades/GPA, registration, student ID number, academic progress, class schedules.) <input type="checkbox"/> Financial Aid/Loan Information (awards, application data, disbursements, eligibility, academic progress status, billing/repayment history [including credit reporting history], balances, and collection activity.) <input type="checkbox"/> Disciplinary Records (conduct records related to Student Code of Conduct and the Academic Integrity Policy.) <input type="checkbox"/> Student Account Information (billing statements, charges, refunds, payments, past due amounts, collection activity.) <input type="checkbox"/> Other (please specify) _____

SECTION B. Duration of Release (check one):
<input type="checkbox"/> Limited Use: This authorization expires 1 year from date of form. <input type="checkbox"/> Recurring Use: This authorization will remain active until revoked.

SECTION C. PIN Access Code Creation:
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: _____

SECTION D. Person(s) to whom access to education records may be provided:	
Name _____	Name _____
Mailing Address _____	Mailing Address _____
City, State, Zip Code _____	City, State, Zip Code _____
(Area Code) Telephone _____	(Area Code) Telephone _____
Relationship to student _____	Relationship to student _____

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 a signed, written statement to the University of West Georgia, Momentum Center, Carrollton, Georgia 30118. 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 _____
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Please note this request can not be processed without submission of your photo ID. This can also be submitted electronically to enroll@westga.edu