

CENTER FOR EMPLOYMENT TRAINING - Campus _____

FERPA - Authorization for Release Form

(Complete this form and return it to the Center Director)

Student Full Name:		
Student Social Security Number:	Student ID Number:	
Training (CET) is prohibited from providing your st CET) including parents, spouse, guardian(s), etc., w	ducation Rights and Privacy ACT of 1974 as amen tudent Financial and Academic information to any to the interior at the information includes, but is not a various student financial or academic information	hird party (not affiliated with at limited to, all student billing
Please Note: An existing authorization cannot be edited. The mobe voided.	ost current authorization will be considered in effect,	previous authorization(s) will
Training to release Financial and/or Academic info form. This authorization does not permit Third Parand I agree to the terms above.	hat I am the Student listed above and I am author ormation to the party(s) listed below. I approve the rties to make any changes to this authorization for to whom I authorize release of my Financial and/or	information contained in this m. I am the student of record
Effective	e as of// Month Day Year	
	Month Day Year	
The information provided below is the Person to whom	I I want the information released to (All fields are require	d):
Last Name:	First Name:	
Birth Month and Day:/ Month Day Phone Number:()		_
Address:		_
City:State:	Zip:	_
Relationship to Student:		
Information to be released, select and check:		
Student Account / Billing Information / 1098 Awarded Financial Aid Delinquent / Internal Collection Activity Financial Holds (Certificate) Academic Records: enrollment verification, a	attendance, grades, graduation.	
Student Signature	 Date	