

Authorization to Release Education Records

Name (Print) _____

MyColumbia ID # _____

In compliance with the Federal Family Educational rights and Privacy Act of 1974, (FERPA) as amended, personally identifiable information cannot be released to a third party, including parents, without your written permission. For more information regarding FERPA, refer to the student handbook, the college catalog or the college website. To grant specific individuals access to your college records, please complete this form.

I authorize the following information to be released (check all that apply):

_____ financial account (account balance and billing)

_____ financial account (Financial Aid documents/awards)

_____ academic record (i.e. grades)

_____ disciplinary record

_____ all residence life/housing matters

_____ other (please specify)

_____ all education records (includes all of the above and other information)

To the individual(s) listed below:

Name _____ *Unique identifier _____

Address _____

Name _____ *Unique identifier _____

Address _____

*The unique identifier is a password that verifies the identity of the individual requesting information.

This release is permanent unless revoked by the student. A form to revoke your release is available in the Resource Center of the Columbia Central website.

Signature _____ Date _____

Please note that this release is for inquiries and discussions only. The college will not automatically mail grades, transcripts or any financial information to the individuals listed above.

Please read our document policy at www.colum.edu/docpolicy. The preferred method to submit this completed form and all requested documentation is electronically. If you submit this *in paper form*, use one of the following methods:

Electronic Document Submission:

www.colum.edu/documentsubmission to upload documents electronically

Fax: 312-369-8436

Mail: Columbia College Chicago
Columbia Central
600 S. Michigan, Suite 303
Chicago, IL 60605

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