Arizona Volunteer Scholarship Foundation

FERPA RELEASE FORM
AUTHORIZATION TO RELEASE INFORMATION

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of and access to their education records. This form authorizes the educational institution named below to release education records to the named third party; it does not obligate the institution to do so.

Student Name:

Student ID:

Mailing Address:

Phone Number:

Email Address:

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits ARIZONA VOLUNTEER SCHOLARSHIP (Foundation) and MISS ARIZONA VOLUNTEER ORGANIZATION and its representatives to disclose the information specified below to the following individual(s) or agency(ies):

Arizona Volunteer Scholarship: Patrick Cordes, Sharon Cordes, Alyssa Ware
Miss Arizona Volunteer Organization: Patrick Cordes, Sharon Cordes, Alyssa Ware

This consent shall be valid throughout the student's enrollment at _____ and thereafter but may be modified or rescinded in writing by the student. The parent(s), legal guardian(s), tuition provider(s), or other indicated individual(s) agree that they shall not disclose the specified information to third parties without the student's authorization.

INFORMATION TO BE RELEASED UPON REQUEST:

The following information from my records at _____ may be released to the above-specified person(s):

☒ - **Academic Information**. Includes, but is not limited to, transcripts, credit hours enrolled/earned, grades/GPA, class schedule, academic progress, and enrollment status.
☒ - **Academic Standing**. Includes, but is not limited to, transcripts, credit hours enrolled/earned, grades/GPA, class schedule, academic progress, and enrollment status.
☒ - **Discipline Records**.
☒ - **Tuition and Fee Status**
☐ - **Other**:

The student understands the information may be released orally or in the form of copies of written records and understands this form remains in effect until otherwise revoked by them in writing.

Student's Signature: _____ **Date:** _____

Print Name: _____

REQUIRED IF STUDENT IS NOT AT LEAST 18 YEARS OF AGE:

Parent's Signature: _____ **Date:** _____

Print Name: _____