



**ADRIAN COLLEGE**  
Office of Student Affairs

## Consent To Disclose Student Records Maintained By The Office Of Student Affairs

This release represents your written consent to disclose educational records maintained by the Office of Student Affairs to the specific individual(s) identified below. Please read this document carefully, fill in all blanks, and initial where indicated as to which documents may be disclosed.

I, \_\_\_\_\_  
*[Print Full Name]* *[SSN or Student ID#]*

*[Circle one]* **AM / WAS** a student at Adrian College and hereby give my voluntary consent to the **Office of Student Affairs** to disclose the following records *[Initial appropriate item(s)]*:

- \_\_\_\_\_ **Contents of Individual Disciplinary File** (copies of files are not provided, and files may not leave office)
- \_\_\_\_\_ **Other:** (please specify) \_\_\_\_\_

**to the following person(s):**

**Name**

**Relationship to Student**

**These records are being released for the purpose of:** \_\_\_\_\_  
*[Indicate the purpose of disclosure (e.g., communication with parents, employment application or background check)]*

**Please indicate your access preference regarding the nature of this record release**  
*[Initial appropriate item(s)]*:

- \_\_\_\_\_ Provide personal access to documentation contained in file (access will be monitored; files may not leave the office).
- \_\_\_\_\_ Authorize a Student Affairs staff member to orally discuss information contained in file.
- \_\_\_\_\_ Authorize a Student Affairs staff member to provide a written summary or confirmation of information contained in file.
- \_\_\_\_\_ All of the above.

I understand that this consent will remain in effect for the current academic year unless I specify an earlier expiration date in the following space: \_\_\_\_\_.

I understand that under the Federal Education Rights and Privacy Act of 1974, no disclosure of my records can be made without my written consent unless otherwise provided for, in legal statutes and judicial decisions. I also understand that I may revoke this consent at any time (via written request the Office of Student Affairs) except to the extent that action has already been taken upon this release.

\_\_\_\_\_  
[Signature of Student] [Date]

\_\_\_\_\_  
[Signature of Student Affairs Staff Member] [Date]