

St. Augustine College

Office of Academic and Student Affairs

CONSENT FOR RELEASE OF PERSONAL INFORMATION/EDUCATION RECORDS

I understand that under the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, my consent is required for the release of personally identifiable information from my education records. I hereby authorize St. Augustine College to release such records to the following persons or agencies:

For the purpose of:

1. Education expenses reimbursement.
2. Other: _____

I acknowledge by my signature below that I am giving my consent for this protected information to be released, and that such consent is valid until revoked in writing.

Print Name

Student ID

Student Signature

Date dd/mm/year

Note: This release is valid for one year from the above date, unless revoked at any time by the student.