



## RELEASE OF INFORMATION FORM

Judson College complies with all provisions of the Family Educational Rights & Privacy Act of 1974 dealing with the release of educational records. Except as otherwise provided by law, no information, except directory information, contained in any student's records is released to persons outside the college or unauthorized persons on the campus without the written consent of the student. It is the responsibility of the student to provide the Office of the Registrar and other College offices, as appropriate, with the necessary specific authorization and consent.

The four offices that receive the most requests for student information are the Academic Affairs Office, the Business Office, the Financial Aid Office, and the Office of Student Services. In an attempt to handle requests for grades, account balances and/or financial aid information, etc., we are requesting that the student complete this form. This release will allow these offices to discuss this information with any designated person(s) without a delay.

The College considers every traditionally-aged student as a dependent of her parents or guardians, as defined in Section 152 of the Internal Revenue Code, until the student specifically informs the College that she is not a dependent.

- Please check here if you are **NOT** claimed by a parent or guardian as a dependent for federal income tax purposes, and you do not consent to the disclosure of any personally identifiable information from my education records to your parents or guardians.
- Please check here if you do not consent to the release of your information to any party.
- Please check here if you wish to give permission for the indicated offices to release any information regarding your status to the individuals listed below.

NAME	RELATIONSHIP TO STUDENT	ACADEMIC AFFAIRS		BUSINESS OFFICE		FINANCIAL AID		STUDENT SERVICES	
		YES	NO	YES	NO	YES	NO	YES	NO
1.		YES	NO	YES	NO	YES	NO	YES	NO
2.		YES	NO	YES	NO	YES	NO	YES	NO
3.		YES	NO	YES	NO	YES	NO	YES	NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

*Please note that your signature on this form is not mandatory for admission, financial aid, athletics, or any other purpose. You may give permission in writing for release of this information at any time, or you may change your mind in writing at any time in the Registrar's Office.*