



**STUDENT CONSENT FOR ACCESS
TO EDUCATION RECORDS**
Chicago and Online Campuses
registrar@adler.edu * Fax: (312) 277-0918

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Office of the Registrar allowing the release of their education records to specified third parties. Please note that while this form authorizes Adler University to release education records to third parties, it does not obligate Adler University to do so. Adler University reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, please see the FERPA policy in the current academic year's catalog located on the University's website.

The form must be fully completed and signed by the student. Records cannot be released if any section of this form is not filled out entirely.

STUDENT FIRST NAME _____ STUDENT LAST NAME _____

STUDENT ID OR LAST FOUR OF SSN _____ DEGREE PROGRAM _____

CURRENT ADDRESS/CITY/STATE/ZIP _____

PHONE NUMBER _____ PHONE TYPE _____

SECTION A. Education records to be released (check all that apply):

- Academic Information (grades/GPA, registration, student ID number, academic progress, enrollment status)
- Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress status)
- Loan Information (University-maintained loan disbursements, billing and repayment history [including credit reporting history], communication history, balances, collection activity)
- Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity)
- SCEC and SDC referrals and final outcomes
- Training/Community Engagement Records
- All records listed above
- Other (please specify): _____

SECTION B. Person(s) to whom access to education records may be provided:

Relationship to Student

Relationship to Student

Relationship to Student

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, this consent form remains in effect until you inform the Office of the Registrar otherwise, and (4) I have the right to revoke this consent at any time by delivering a written revocation to the Office of the Registrar.

STUDENT SIGNATURE

DATE

****electronic or typed signatures are not accepted; hand written signatures only****