



Registration and Records
 PO Box 967
 Roseburg, Oregon 97470
 541.440.4604 | Fax 541.440.7713
 Registration@umpqua.edu

Student Release of Information Authorization

If you have more than one designee, a separate authorization must be completed.

Last Name	First Name	M.I.	Student ID Number
Phone		Birthdate (MMDDYYYY)	

Section 1 – THIRD PARTY DESIGNEE & RELEASE INFORMATION

Last Name	First Name	M.I.	Relationship to Student
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Information to be released (*Check one or more of the boxes to grant authorization to the designee above*)

- ALL** – Access to all student records maintained by any school officials and officers, including but not limited to all the examples below.
- 1** – Billing statements, charges, credits, payments, past due amounts, and/or collection activity (i.e. financial reports)
- 2** – Financial aid/Veterans benefits, awards, application, data, disbursements, eligibility, SAP, and/or scholarships (i.e. financial resources)
- 3** – Grades/GPA, demographic, registration, academic progress status, and/or enrollment information (i.e. academic information)
- 4** – Academic advising, testing and placement records, and/or job placement services
- 5** – Other: _____

Section 2 – AUTHENTICATION (*It is required that you share your question & answer with your designee above*)

When the party named above contacts Umpqua Community College, he/she will be asked to authenticate his/her identity by providing the personal security question answer. **You, the student, should choose one short personal security question and provide it to your third party contact.** Do not choose a question that could easily be guessed. If your third party contact is not able to correctly provide the correct answer to the personal security question, Umpqua Community College will not release any information from your record. If you forget or misplace your personal security question, you must come to the Registration and Records Office on campus to complete a new release form.

_____?	
Personal Security Question (Provide one short question)	Security Question Answer

Section 3 - AUTHORIZATION

In accordance with The Family Educational Rights and Privacy Act (FERPA) of 1974, Umpqua Community College will only disclose confidential information from the education records of students to parents or other third parties provided the College has written consent from the student on file. This release form will remain valid until revoked by the student.

Student Signature _____ **Date:** _____

Signifies consent for Umpqua Community College to disclose and discuss confidential information from my education record with the designee above.

Section 4 – REVOKE AUTHORIZATION

By signing below, I hereby revoke this authorization for Umpqua Community College to disclose my education record information with the individual listed above, effective immediately.

Student Signature _____ **Date:** _____

Signifies Approval & Authorization.

Office USE Only

SGASTDN updated Date: _____ Initials: _____ SGASTDN updated (REVOKE) Date: _____ Initials: _____