



Office of the Registrar  
Release Authorization for Education  
Records and Information (FERPA\*) \*\*

I, \_\_\_\_\_, voluntarily authorize The Citadel to release the information from my education record, as follows:

1. **Items of information to be released (check all that apply):**

- Billing information**, including statements, charges, credits, payments, past due amounts, and/or collection activity
- Disciplinary information**, including the results of any honor trial or disciplinary hearing or board where I was the accused (if applicable)
- Financial Aid information**, including awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress status
- Grades/GPA**, demographic, registration, CWID number, academic progress status, and/or enrollment information
- Loan disbursement information, as maintained by The Citadel**, excluding Stafford and PLUS loans, including billing and repayment history (including credit reporting history), communication history, balances, and/or collection activity
- Other/limitations on the above:** \_\_\_\_\_

2. **Purpose for which the records are to be released (check applicable):**

- Parent/Guardian info/request
- Other request (specify) \_\_\_\_\_

3. **The information may only be released to the following persons or entities (Must be filled in; e.g. parent/guardian names):**

\_\_\_\_\_  
\_\_\_\_\_

4. **If for single use (e.g. authorize release of disciplinary information for a specific circumstance), check here:**  (#2 and #3 must be completed)

5. **For Single Use Only:** this form revokes any previously signed FERPA form:

- Yes
- No (all other forms are automatically revoked)

I hereby grant authorization to The Citadel to release my above referenced education records to the parties listed on this form. I understand that unless marked for "Single Use" this release is effective until revoked by me, by signed request to The Citadel.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
CWID

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Company/Unit  
(If applicable)

\*FERPA – Family Educational Rights and Privacy Act

\*\*Fill out online, print, and sign or print, fill out, and sign