



Student Consent for Access to Educational Records

Office of the Registrar

1500 University Ave Carlsbad, NM 88220
Phone: 575.234.9416 Email: registrar@senmc.edu

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their educational records. Students may choose to complete and submit this form to the Office of the Registrar allowing the release of their educational records to specified third parties. Please note that while this form authorizes SENMC to release educational records to third parties, it does not obligate SENMC to do so. SENMC reserves the right to review and respond to requests for release of educational records on a case-by-case basis. For additional information, visit SENMC's FERPA page at <https://senmc.edu/registrar/ferpa/index.html>.

- This form must be fully completed and signed by the student.
- Records will not be released if any section of this form is not filled out entirely.
- Completed forms can be faxed, mailed, or emailed to the Office of the Registrar.

Legal name: Last: _____ First: _____ Middle: _____
SENMC ID number: _____ Phone: _____ Date: _____

Authorization

Educational Records to be Released (check all that apply):

- ☐ **Academic** (GPA, grades, class schedule, registration, academic standing, enrollment status)
- ☐ **Financial aid** (awards, application data, disbursements, eligibility, SAP progress status)
- ☐ **Loan** (College-maintained loan disbursements, billing and repayment history [including credit reporting history], communication history, balances, collection activity)
- ☐ **Student account** (billing statements, charges, credits, payments, past due amounts, collection activity)
- ☐ **Other:** _____
- ☐ **All records listed above**

Authorized Person(s) To Release Records To (Use Additional Pages If Necessary)

Authorized person #1: _____ Relationship to student: _____
Mailing address: _____ City: _____ State: _____ ZIP: _____

Authorized person #2: _____ Relationship to student: _____
Mailing address: _____ City: _____ State: _____ ZIP: _____

Authorized person #3: _____ Relationship to student: _____
Mailing address: _____ City: _____ State: _____ ZIP: _____

Purpose of Release

- ☐ Admission to an educational institution ☐ Employment ☐ Family communication
- ☐ Other: _____

Acknowledgement and Signature

I understand that 1) I have the right not to consent to the release of my educational records, 2) I have the right to receive a copy of such records upon request, and 3) this consent shall remain in effect until revoked by me, in writing, and submitted to SENMC, but that any such cancellations shall affect disclosures previously made by SENMC prior to the receipt of any such written cancellation.

Student printed name _____ Student signature _____ Date _____