

**INSTRUCTIONS FOR THE STUDENT:**

When completing the **Consent to Release Education Records** form ("Consent"), please make sure to include all the following:

- **Release the following *specific* records/types of records and/or information** - Be specific. Examples include unofficial transcript, application data, financial aid documents, submitted assignments, assignment grades, or class attendance records.
- **Department/Faculty Member Being Requested to Release Records, if known** - Indicate the department, office, or faculty member responsible for the records.
- **For the purpose of** - Briefly explain why the information is being released (e.g., transfer application, scholarship verification, academic support).
- **Individual/entity to whom records/information will be released** - Provide the full name and complete contact details (mailing address, phone number, and email address) of the person or organization authorized to receive your records.
- **Proof of your identity** - Include a legible copy of a valid photo ID. Acceptable forms of identification include, but are not limited to: Cougar ID card, any U.S. state-issued driver's license or ID card, interim ID issued by a state motor vehicle agency, U.S. passport or U.S. passport card, U.S. military ID card, Veterans Affairs (VA) ID card, or National Guard ID card.

If you do not have one of the forms listed above, please contact [registrar@csc.edu](mailto:registrar@csc.edu) for alternative verification options.

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This form along with a copy of valid photo identification may be submitted to:

In person:	<b>Columbus Campus:</b> Student Central, Upper Level, Madison Hall <b>Delaware Campus:</b> Student Services, Moeller Hall
By mail:	Columbus State Community College ATTN: Registrar AQ-126 550 East Spring Street Columbus, OH 43215
Via email:	<a href="mailto:registrar@csc.edu">registrar@csc.edu</a>

**Note:** *The Consent cannot be used for requesting Official Transcripts. Students may purchase Official Transcripts through Parchment at: <https://www.csc.edu/services/student-forms/transcript-request.shtml>.*

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Columbus State Community College (CSCC) complies with the Family Educational Rights and Privacy Act (FERPA) governing student education records. Unless an exception to FERPA applies, CSCC does not disclose student education records or information to anyone (including a student's parents or guardians, spouse, or sponsor) without the student's written consent. For more information, view the Student Rights under FERPA on CSCC's [website](#), in Columbus State's [Catalog](#), and on [the U.S. Department of Education's Student Privacy website](#).

**THIS CONSENT MUST BE COMPLETED IN ITS ENTIRETY**

**Printed Name of Student:** \_\_\_\_\_ **Date of Birth or Cougar ID#:** \_\_\_\_\_

I hereby authorize Columbus State to release the following *specific* records/types of records and/or information (please provide as much information as possible):

**Department/Faculty Member Being Requested to Release Records, if known:**

**For the purpose of:**

**Individual/entity to whom records/information will be released:**

**Name:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone number** \_\_\_\_\_

I authorize CSCC to release to the Individual/Entity named above the specified education records and/or information. Further, I understand that by signing below:

- I am giving this consent freely and voluntarily, and I understand the consequences of giving this consent.
- Once my education records are disclosed to the named Individual/Entity, CSCC has no control over how the records will be used by the Individual/Entity.
- Upon my request, CSCC must provide me copies of any education records it releases pursuant to this consent.
- I may revoke this consent at any time by providing written notice to the CSCC department or person who maintains the records specified above and to the CSCC Registrar.

This consent expires upon completion of the above stated purpose, or after one (1) year, whichever comes first. If the stated purpose is not fulfilled after one (1) year, I may renew this consent in writing. A photocopy of this consent may be used in the same manner and with the same effect as the original document.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**Curriculum Management / Registrar**

**INTERNAL PROCESSING INSTRUCTIONS**

**FOR THE DEPARTMENT OF RECORD/FACULTY MEMBER:**

This Consent form (“Consent”) is from a student granting Columbus State permission to share **specific** record(s) and/or information. You may share only the **specific** record(s) and/or information listed on the Consent that are held/maintained within your department.

Faculty Members may share the **specific** record(s) indicated for the course(s) in which the student is currently registered, and the named Faculty Member offers instruction. The Faculty Member may not share grades or other information for courses in which the student is registered but the Faculty Member does not offer instruction.

**For example:** If you teach ENGL-1100, you may share the record specified for only the ENGL-1100 course you teach. You may not share the information for another course, such as ENGL-2367, if you do not teach that course or the student is not registered in your section of the course.

The Department of Record for the specific record(s) named on the form may share only the record that is processed, maintained, and housed within that department. The Department may not share a record that is processed/ maintained/housed within another department.

**For example:** An Academic Advisor may not share a student’s registration or grade history. The staff of the Registrar may not share the student’s financial aid documentation.

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**FOR THE REGISTRAR’S OFFICE:**

Upload the completed and signed Consent to Columbus State’s document management system (DMS) for record-keeping. Email the named Department of Record/Faculty Member that the Consent is available on the College’s DMS.

As necessary, offer guidance as to the **specific** record(s) and/or information the Department of Record/Faculty Member may share with the named recipient and the method of communication that may be used to share the specific record(s) with the named recipient.

Authenticate the identity of the student with appropriate identity verification methods prior to sharing the **specific** record(s) with the named recipient.