



Student Consent for Release of University Records

Complete and submit to the:

CSU-Pueblo Registrar's Office
2200 Bonforte Boulevard, ADM 202
Pueblo, CO 81001
Phone: (719) 549-2261 Fax: (719) 549-2419

Printed Name of Student: _____ PID# _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Date: _____

Under Federal legislation, namely, the Family Educational Rights and Privacy Act of 1974, I understand that my educational records cannot be released without my written permission. I am submitting this form as my permission for the information listed below to be released to the party listed below. I understand the University may contact me prior to giving information to the individual listed below.

Information to be released (**initial** next to all boxes that apply):

- Any and all academic information
- Initial Any and all academic advising information
- Initial Any and all financial aid information
- Initial Any and all billing information
- Initial Any and all housing information

Initial Or, please ONLY release the following information: _____

Check One: This is a one-time release only
 This is a permanent release until I cancel the request in writing for the party listed below.

I request that the selected information above be released to the following individual:

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone _____ Relation _____

Student Signature: _____ Date: _____