



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 Student Name: _____ PID/NetID: _____

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

Or, please ONLY release the following information: _____

Check One: _____ This is a one-time release for one semester.
Year: _____ Semester: Fall _____ Spring _____ Summer _____

_____ This release is for two or more semesters (maximum of 2 years).
Start Date: _____ End Date: _____

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

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone _____ Relation _____

PIN: _____ (5 digits ONLY)

NOTE: Please create a 5 digit PIN code that can easily be remembered by you and the individual authorized above. The designated individual will need to provide this PIN to CSU Pueblo staff in order for information to be released.

Student Signature: _____ Date: _____