



Student Consent For Access To Educational Records

Office of the Registrar

www.enmu.edu

Name: _____

Student ID: _____ Date: _____

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 ENMU to release educational records to third parties, it does not obligate ENMU to do so. ENMU reserves the right to review and respond to requests for release of educational records on a case-by-case basis. For additional information, visit ENMU's FERPA page at www.enmu.edu/FERPA.

Section A. Educational records to be released (check all that apply):

- Academic Information** (GPA, grades, class schedule, registration, academic standing, enrollment status)
- Financial Aid Information** (awards, application data, disbursements, eligibility, financial aid academic progress status)
- Loan Information** (University-maintained loan disbursements, billing and repayment history [including credit reporting history], communication history, balances, collection activity)
- Student Account Information** (billing statements, charges, credits, payments, past due amounts, collection activity)
- All Records Listed Above**
- Other** (please specify): _____

Section B. Person(s) to whom access to education records may be provided:

Name(s) of person(s) to whom access to records may be provided (use additional pages if necessary) _____	Relationship to Student _____
Address(es) of person(s) to whom access to records may be provided _____	
Name(s) of person(s) to whom access to records may be provided (use additional pages if necessary) _____	Relationship to Student _____
Address(es) of person(s) to whom access to records may be provided _____	

Section C. Purpose of release

- Family Communications**
- Employment**
- Admission to an Educational Institution**
- Other** (please specify): _____

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) I understand that this consent shall remain in effect until revoked by me, in writing, and submitted to ENMU, but that any such cancellations shall affect disclosures previously made by ENMU prior to the receipt of any such written cancellation.

Student's Signature

Date

Instructions for completing this form:

1. The form must be fully completed and signed by the student. Records cannot be released if any section of this form is not filled out entirely.
2. Completed forms should be submitted to the Office of the Registrar. ENMU Station 5, 1500 S Ave K, Portales, NM 88130. Questions about this form may be directed to the Office of the Registrar at 575.562.2175