

College of Southern Nevada
Office of the Registrar
6375 West Charleston Boulevard,
Las Vegas, Nevada 89146

AUTHORIZATION TO RELEASE STUDENT EDUCATIONAL RECORD

The Family Education Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of a student's educational records. These records will not be released without written consent from the student. By signing this form, the student authorizes the College personnel to release confidential information to the person(s) designated in this Authorization.

Student Name: _____

Student ID or SS Number: _____

I authorize the Registrar at the College of Southern Nevada, Las Vegas to discuss confidential account information for the purposes of understanding and meeting College related financial obligation with me (the student) as well as the person(s) listed on this form.

Name(s) of people to release information to: (Please print)

This authorization will remain in effect until revoked in writing by the student.

Student Signature _____ Date _____