



STUDENT CONSENT FOR ACCESS
TO EDUCATION RECORDS
Chicago and Online Campuses

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form, to the appropriate department that maintains your record as noted below, allowing the release of their education records to specified third parties. Please note that while this form authorizes Adler University to release education records to third parties, it does not obligate Adler University to do so. Adler University reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, please see the FERPA policy in the current academic year's catalog located on the University's website.

*****The form must be fully completed, signed, and submitted by the student. Records will not be released if any section of this form is not filled out entirely. Send the form directly to the department you check below.*****

STUDENT FIRST NAME	STUDENT LAST NAME
STUDENT ID OR LAST FOUR OF SSN	DEGREE PROGRAM
CURRENT ADDRESS/CITY/STATE/ZIP	
PHONE NUMBER	PHONE TYPE

SECTION A. Education records to be released (check all that apply):

Academic Information (grades/GPA, registration, student ID number, academic progress, enrollment status) **[send form to registrar@adler.edu]**

Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress status) **[send form to financialaid@adler.edu]**

Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity) **[send form to studentaccounts@adler.edu]**

SSEC and SDC referrals and final outcomes **[send form to your Program Chair/Director]**

Training/Community Engagement Records **[send form to your department's training department]**

All records listed above **[send form to all departments checked above]**

Other (please specify):

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

Name and Relationship to Student

Name and Relationship to Student

Name and Relationship to Student

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, this consent form remains in effect until you inform the appropriate department otherwise, and (4) I have the right to revoke this consent at any time by delivering a written or electronic revocation to the appropriate department.

STUDENT SIGNATURE

DATE

****electronic or typed signatures are not accepted; hand written signatures only****