



# Student Consent for Release of Records

To: CSU-Pueblo Records Office  
2200 Bonforte Boulevard  
Pueblo, CO 81001

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 request that the listed information be released to the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Relation or Company \_\_\_\_\_

**Exact** Information to be released:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose: \_\_\_\_\_

**Check One:**     This is a one-time release only  
                   This is a permanent release until I cancel the request for the party listed above

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_