



# MADISON COLLEGE

## Consent for Release of Student Information

Complete this form if you would like to give permission to Madison College to discuss your student information with a third party. Please note, **this release does not allow a third party to take action on a student record** (register for classes, update personal information, etc.). Only the student has the ability to initiate action on their account.

### STUDENT INFORMATION:

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_  
Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, \_\_\_\_\_, authorize Madison College to release my student information as indicated below to the following person(s).

**Full Name**

**Relationship**

When requesting your information, the authorized third party must know the answers to the following questions:

In what city were you living when you (the student) were 14 years old Answer: \_\_\_\_\_  
A pre-determined code word (NOTE: Do NOT make this your password.) Answer: \_\_\_\_\_

These challenge questions must be answered correctly or we cannot release the information.

Information to be released	Initial all that apply
Academic Records (including grades, GPA, and test scores can only be shared in-person with photo ID)	
Disciplinary Actions	
Financial Aid Application Information*	
Student Financials	

\*Tax and income information can only be released to the individual whose name is on the document.

NOTE: Records from our Counseling, Disability Resources Services, or Veteran Student Services offices can only be released with authorization from those offices directly.

This authorization automatically expires at the end of the current academic year and must be renewed for access to be continued.

I understand that my records are protected under the Family Educational Rights and Privacy Act (FERPA) and cannot be disclosed without my written consent unless otherwise provided for in this act. The information will not be further disclosed to another person or institution or used for any purpose other than that stated in this authorization. I also understand that I may, in writing, revoke this consent at any time except to the extent that action has been taken in complying with the original request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### REVOCATION OF PRIOR REQUEST:

I wish to immediately revoke my prior request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### SUBMISSION INSTRUCTIONS:

Please sign and submit your completed form in **one** of the following ways: This form is not accepted by fax.

**In-person (preferred):** Enrollment Services - Truax Campus, Rm. A1000 or any regional or metro campus

**Email:** Send to [EnrollmentServices@madisoncollege.edu](mailto:EnrollmentServices@madisoncollege.edu). Allowed ONLY when using your Madison College email address.

Questions? For assistance with this form, call Enrollment Services at (608) 246-6210 or visit in-person.