

**FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)**  
**CONSENT TO RELEASE STUDENT INFORMATION**

TO: \_\_\_\_\_  
(Name of University or College that will be releasing the educational records)

Please provide information from the educational records of

\_\_\_\_\_  
(Name of Student requesting the release of educational records) to:

the Alabama Commission on Higher Education (ACHE) acting as the Alabama State Portal Entity (ASPE) for the National Council of State Authorization and Reciprocity Agreements (NC-SARA). Documents should be sent to the designated ASPE Coordinator as identified on ACHE's NC-SARA webpage located at [ache.edu](http://ache.edu).

(Note: this Consent does not cover medical records held solely by Student Health Services or the Counseling Center – contact those offices for consent forms.)

Information to be released:

Any and all relevant documents related to a formal complaint made by the aforementioned out-of-state, online student, the specifics of which will be provided to the institution by the ASPE Coordinator.

The information is to be released for the following purpose:

To assist the State Portal Entity in processing a complaint made by the aforementioned student under the guidelines of the National Council of State Authorization and Reciprocity Agreements of which the college or university is a member.

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to the aforementioned university or college. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to ACHE acting as the ASPE for NC-SARA for the specific purpose described above.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Student ID Number \_\_\_\_\_

Date \_\_\_\_\_