

UNIVERSITY OF RIO GRANDE  
218 North College Avenue  
Rio Grande, OH 45674

**CONSENT AND AUTHORIZATION FOR USE AND DISCLOSURE  
OF PERSONAL INFORMATION**

This consent and authorization is prepared pursuant to the requirements of various federal and state laws and the Family Educational Rights and Privacy Rights Act 20 USCS 1232g (“FERPA”), and regulations promulgated thereunder, as amended from time to time, (collectively referred to as “Privacy Laws”).

**THIS AUTHORIZATION AFFECTS YOUR RIGHTS IN THE PRIVACY OF YOUR PROTECTED INFORMATION. PLEASE REVIEW IT CAREFULLY BEFORE SIGNING.** This consent and authorization may affect other personal information, including information contained in your education records. Education records, and other personal information may be referred to herein collectively as your “personal information”.

By signing this consent and authorization you acknowledge and agree that the University may use or disclose the following personal information:

Accounting Information (Student billing including charges, payments and/or refunds)  
*(Identify the specific information to be used or disclosed)*

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For the purpose(s) of:

Discussion of student account information

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*(Include a description of each intended use or disclosure and the purpose thereof)*

**By signing this consent and authorization you agree that the University may use (for the purposes described above) and/or disclose your personal information to:**

University/Rio Grande Community College Faculty and/or Staff and:

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**Please Print - Name or other specific information of person(s) or entity(ies), or classes thereof, to receive the personal information. This includes parents, spouses and/or other family members.**

You have the right to revoke this consent and authorization, in writing, at any time, except to the extent that the University has taken action in reliance on it. A revocation is effective upon receipt by the University of a written request to revoke and a copy of the executed consent and authorization form to be revoked at the address listed above.

**PLEASE TURN TO THE BACK PAGE FOR REQUIRED SIGNATURES.**

This consent and authorization shall expire upon the earlier occurrence of: (a) revocation of the consent and authorization, (b) complete satisfaction of the purpose(s) for which this consent and authorization was originally obtained, to be determined in the reasonable discretion of the University, or (c) six years from the date this consent and authorization was executed or a later date established pursuant to University record retention policies and procedures.

By signing this consent and authorization you acknowledge and agree that any personal information used or disclosed pursuant to this consent and authorization could be at risk for redisclosure by the recipient and no longer protected by Privacy Laws.

The University will provide you with a copy of this signed consent and authorization.

Acknowledged and agreed to by:

\_\_\_\_\_  
Student's Signature

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

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Date

(OR – PARENT SIGNATURE REQUIRED IF UNDER 18 YEARS OLD)

On behalf of \_\_\_\_\_

*(Individual)*

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

BY: \_\_\_\_\_

\_\_\_\_\_  
Name of Participant's Representative

\_\_\_\_\_  
Date

AS: \_\_\_\_\_

Capacity as Representative

\_\_\_\_\_  
University Representative

/ \_\_\_\_\_  
Print Name

By checking this box the Individual or their Representative hereby requests a copy of the personal information used or disclosed pursuant to this consent and authorization.