



## Academic Affairs Accelerated High School Student Release Form

Under the provisions of the Family Educational Rights and Privacy Act (FERPA), I \_\_\_\_\_,

Name

JSU Student ID #

authorize the Jacksonville State University Academic Affairs Office, or any other appropriate office, faculty member, or staff member to release to and/or discuss with that person (those persons) shown below any and all of my advising, academic, disciplinary, or other educational records and information.

1. \_\_\_\_\_ (Counselor)

2. \_\_\_\_\_ (Teacher)

3. \_\_\_\_\_ (Parent(s) or Guardian)

(X) \_\_\_\_\_  
Student's Signature Date

(X) \_\_\_\_\_  
Witness (Teacher, Counselor or Principal) Date

I, as parent or custodial guardian of the student whose name appears above, consent to authorization and release of information and records granted herein

(X) \_\_\_\_\_  
Parent / Guardian's Signature Date

**NOTE: This release is valid for the duration of the student's participation in the Accelerated /Dual Enrollment Pre-College Program at Jacksonville State University unless specifically revoked in writing and physically delivered to the Academic Affairs Office.**