OFFICE OF THE REGISTRAR - CORCORAN COLLEGE OF ART + DESIGN 500 Seventeenth St., NW – Washington, DC 20006 Fax (202) 639-1821 – Phone (202) 639-1820 registrar@corcoran.org

Office Use Only		

## PERMISSION TO RELEASE EDUCATION RECORDS

In compliance with the federal Family Educational Rights and Privacy Act of 1974 (FERPA), the Corcoran is prohibited from providing non-directory information from your student records to a third party, such as information on grades and other academic records, tuition and fees assessments, financial aid, and other student records. This restriction applies, but is not limited, to your parents or guardians, your spouse, or a sponsor.

You may, at your discretion, release records on a case by case basis by submitting this form to the Office of the Registrar.

Student Information			Last Nav				
First Name Student ID#:			Last Nar	me			
Address LOCAL			City		State:	Zip	
Phone	Cell:		Email _			@corcoran.edu	
Degree: [] Associates	[] Bachelor	[] Masters	[] Certificate	[] Nondegree			
Release authorization:							
Recipient Information:							
First Name		Last Name					
Address			City		State:	Zip	
Phone	Cell:		Email _			@corcoran.edu	
Education record to be r	eleased:						
Purpose of release:							
Required Signature I give permission for the	Office of the Re	egistrar to rele	ease the specific	ed information to th	e recipient lis	ted above.	
Student Signature					D	ate//	
Office Use Only:							