



ACHS AUTHORIZED AGENT FORM

DIRECTIONS: In compliance with the Federal Family Education Rights and Privacy Act of 1974 and state and accreditation standards, ACHS is prohibited from providing certain information from your student records to a third party, such as information on grades, billing, tuition and fees assessments, financial aid, and other student record information. This restriction applies, but is not limited, to your parents, your spouse, or a sponsor.

For your convenience, you have the option to appoint an authorized agent. This allows ACHS to deal with the agent on your behalf, for example if you are sick or on vacation, or would like us to share information such as grades with a third party such as an employer who may be providing tuition assistance. You may wish to appoint a parent, spouse, employer or friend, **but be sure to select someone you trust**. You may update this authorized agent form at any time by completing a new form and returning it to the College.

You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. The College does not automatically send information to a third party.

Please submit your completed form to the Registrar's Office (Scan and email to registrar@achs.edu, fax to 503.244.0726, or mail to 5005 SW Macadam Avenue, Portland, OR 97239). Please note that your authorization to release information has *no expiration date*; however, you may revoke your authorization at any time by sending a written request to the Registrar's Office. **NOTE:** For the third party designee you name on this form, this release overrides all FERPA directory information opt-out requests you may have previously requested.

Please print legibly and add your signature in ink in Section C.

SECTION A. Student information		
Name (last, first, middle initial)	Social Security number (last 4 only:	Student ID number
Current mailing address (street or P. O. box number, apartment number, city, state, and ZIP Code)		Daytime phone number ()
SECTION B. Third party designee		
Name (last, first, middle initial)		Social Security number last four digits only:
Address (street or P. O. box number, apartment number, city, state, and ZIP Code)		Daytime phone number ()
Relation to student	E-mail address	
<p>Please check one or more of the boxes below to grant authorization to different types of information and student account records:</p> <p><input type="checkbox"/> Academic Record – Academic record authorization allows access to the students' complete academic history at ACHS, as well as the ability to schedule and revise semester registrations.</p> <p><input type="checkbox"/> Financial Record – Financial record authorization allows access to the students' complete financial record, including invoicing information, account balance, and applicable financial aid and VA funding information.</p> <p><input type="checkbox"/> Student Information Record – Student Information record authorization allows access and ability to update the students' contact information including billing and shipping address, telephone number, and email.</p>		
SECTION C. Certification		
<p>I authorize the above third party, named in Section B, to access the above indicated student record and/or account information. <i>This form requires an ink (wet) signature.</i></p>		
Student's signature		Date