

# FERPA CONSENT TO RELEASE STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) seeks to guarantee both a student's right of access to education records, and the confidentiality of student information. Institutions may not disclose information contained in education records without the student's written consent except under certain conditions. A student's record may be released to parents, guardians, or other third parties by providing written authorization or consent. FERPA deals only with student related "Education records." FERPA regulations state that education records are (1) directly related ("personally identifiable") to a student and (2) maintained by the institution.

Please be aware that in order for an authorized individual to receive information regarding the students' academic record, the authorized individual must provide a state issued photo identification to verify their identity. If calling on campus the authorized individual will be required to provide the student's date of birth, last four digits of the student social security number, and the students mailing address. In addition, the authorized individual calling must provide their own personal information that can be used to validate the identity of the caller. Authorized individual is the person(s) of whom the student name below has granted the College permission to release his/her educational records information.

Student Name	Student ID	Phone Number

This form is only for the release of records authorized by the student as indicated on the form. Students must present the form to the Student Advocacy Services office or to the Registrar's office along with student ID or another form of photo identification.

I hereby give my consent for my parent, guardian or third party named below, to have access to my student record as indicated. This consent is valid only through the date indicated by me.

Name	Relationship	DL#	DOB

### Release of Information is permitted as follows

BEGIN (DATE/TERM)	END (DATE/TERM)

The only type of information that I permit to be released under this consent is: (Select all applicable):

- |  |   |
|--|---|
| <input type="checkbox"/> Admissions, to include residency status, international information<br><br><input type="checkbox"/> Test Scores<br><br><input type="checkbox"/> Gender, race or ethnicity<br><br><input type="checkbox"/> Class Schedule | <input type="checkbox"/> Attendance (faculty)<br><br><input type="checkbox"/> Disability/Medical Records<br><br><input type="checkbox"/> Academic Record to include Transcript, Grades, GPA and Academic Standing<br><br><input type="checkbox"/> Financial records - to include financial aid, student account or billing<br><br><input type="checkbox"/> Disciplinary Information |
|--|---|

I understand the information disclosed is protected under the confidentiality legislation and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness and notation in STRK

\_\_\_\_\_  
Date

*Witness must document the Consent in colleague using form STRK. Copy/Paste this form in the Comments page of STRK to assure others viewing the form have full disclosure of the student authorized release.*

**Return this form to the Registrar's office for scanning to the student record.**

