



FERPA AUTHORIZATION TO RELEASE INFORMATION FROM STUDENT EDUCATION RECORDS

The Family Educational Rights and Privacy Act (FERPA) is designed to protect the privacy of a student's educational records. These records may include academic, financial aid, scholarship, athletics, veterans, and billing/account information. Records will not be released without prior written consent from the student. By signing this form, the student authorizes college officials to release and/or disclose specific educational records requested to the designated recipient.

Please note that certain information, defined as directory information, can be released without the prior consent of the student.

REQUESTED BY (STUDENT):

Student Last Name _____ First _____ M.I. _____

Address _____ City _____ State _____ Zip _____

E-mail _____ Phone () - _____

SSN

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Optional

SID

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Required

Birthdate (mm/dd/yyyy) ____ / ____ / ____

I am a Current Student Former student

at the location of Spokane Community College / Institute for Extended Learning

Spokane Falls Community College

I hereby authorize the release of the information specified below for the period of time indicated, unless revoked by me in writing to the appropriate CCS Registrar's Office.

Information to be Released

- All education records (GPA, grades, enrollment, etc.)
- Dates of Attendance
- Financial Aid, Grants, Scholarships
- Billing Information
- Other, please specify _____

Duration of this Authorization

- Until Date ____ / ____ / ____
- Until I graduate or am no longer enrolled/leave CCS

Purpose of this authorization – Please check all that apply

- Education Records Financial Aid (*Code word _____) Insurance/Benefits reporting
- Student Financial Account (*Code word _____) Athletics Veterans Billing
- Other, please specify _____

*Must add and give to those that you are requesting to have access to your financial information.

Release to (Recipient):

Organization _____ Phone Number () - _____

Name _____ Relationship to student _____

Address _____ City, State, Zip _____

E-mail _____ Fax Number () - _____

Records are disclosed per your instructions. The Community Colleges of Spokane assumes no responsibility for the confidentiality of records that are transmitted by fax, e-mail or other delivery methods for which identification of the recipient cannot be personally verified by a college official.

By signing this form, I authorize Community Colleges of Spokane (CCS) to release and disclose information from my educational records as specified. This authorization remains in effect as specified or until I revoke this authorization in writing to the appropriate CCS Registrar's Office.

Student's Signature _____ Date _____ / _____ / _____

Send original completed form to:

SCC / IEL Registrar's Office (MS 2151) Building 15

SFCC Registrar's Office (MS 3011) Building 17

FOR OFFICE USE

Date information was released _____ / _____ / _____ By Staff _____
Date

By _____ Department _____

Disclosure Information

As requested by the student noted via Mail Fax US Mail In person _____

Information not available (please specify) _____

Other (please specify) _____

Recorded in Student Quarterly
Comment Screen (SM4015) on _____ / _____ / _____ By Staff _____
Date

Scanned in halFile on _____ / _____ / _____
Date

Form completed, signed and dated

Send form to appropriate institution for processing and scanning

FERPA form on file at designated institution