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. Certain information, defined as directory information, can be released without the prior consent of the student. *This form applies to Spokane Community College*. **All sections must be completed for release to be valid.**

REQUESTED BY (STUDENT):

Student Last Name _____ First _____ M.I. _____

Birthdate (mm/dd/yyyy) _____ SSN *Optional** _____ SID (EMPLID) *Required** _____

Information to be Released or Revoked

- ☐ Complete access to all records with no exceptions
- ☐ Academic records
- ☐ Financial Aid, grants or scholarships records
- ☐ Billing records
- ☐ Attendance records
- ☐ Other, please specify: _____

Duration of this Authorization

- ☐ Until Date ____/____/____
- ☐ Until I graduate or am no longer enrolled/leave Spokane Colleges
- ☐ Until I revoke FERPA Authorization

You are required to create a code word that you share only with the individual you have designated. The individual must know this code word in order to gain access to the records you have granted.

Code Word: _____

☐ **Release to (Recipient)**	☐ **Revoke to (Prior Recipient)**
Organization:	Organization:
Name:	Name:
Phone Number *(format of xxx-xxx-xxxx)*:	Phone Number *(format of xxx-xxx-xxxx)*:
Relationship to student:	Relationship to student:

The Spokane Colleges assumes no responsibility for the confidentiality of records 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 Spokane Colleges to release and disclose information from my educational records as specified for the period of time indicated. This authorization remains in effect as specified or until I revoke this authorization in writing to the appropriate Spokane Colleges Registrar's Office.

NOTE: The form MUST be accompanied by a photo ID and the signature on the form MUST match.

Student's Signature _____ Date ____/____/____

Completed form will be submitted to:

☐ SCC Registration Office (MS 2151) Building 15
PHONE: 509.533.8400; Fax #: 509-533-8181
Email: SasquatchOneStop@scc.spokane.edu

Click here to attach ID:

FOR OFFICE USE

Disclosure Information

☐ Requested by the student in person and ID checked

☐ Requested by the student via ☐ Mail ☐ Fax ☐ US Mail and copy of ID with signature included

☐ Form completed, signed and dated

☐ Recorded in ctcLink on ____/____/____ By Staff _____
Date

☐ Scanned in halFile on ____/____/____
Date

☐ Send form to appropriate institution for processing

☐ Copy to Financial Aid

☐ Copy to other: _____