

Grant Funded Student's Authorization to Disclose Information in Education Records Pursuant to FERPA

I understand that my education records are protected by the *Family Educational Rights and Privacy Act of 1974*, and they may not be disclosed without my consent. I hereby consent to the disclosure of the following education records pertaining to me to the persons and for the purposes as stated below:

I hereby authorize the following:

1. The Spokane Falls Community College Registrar;
2. SFCC WorkSource Affiliate office staff and
3. Faculty members teaching courses in which I am currently (or was) enrolled

to disclose the following:

1. Any directory information to include name, address, telephone listing, date and place of birth, major field of studies, participation in officially recognized activities, weight and height of members of athletic teams, dates of enrollment, degrees and awards received, the most recent previous education agency or institution attended by the student, and e-mail address;
2. All information contained in my official permanent academic record.
3. Copies of my official permanent academic record; and
4. Specific information regarding my academic progress (attendance, attitude, grades, etc.) prior to the final determination of grade

to the following persons:

1. SFCC WorkSource Affiliate office staff members;
2. Specific grant funders, lead agencies, fiscal administrators of grant programs; and
3. Any other person within the College who the College, in good faith, determines has a legitimate "need to know"

for the following purposes:

1. to monitor, assist and determine eligibility for grant-funded programs.
2. to monitor and assist with respect to retention and student support needs related to programs within SFCC WorkSource Affiliate Office program;
3. for reporting requirements of specific grant programs; as well as for statistical analysis of grant outcomes.
4. to monitor and assist with respect to experiential learning opportunities and graduate placement needs.

I understand further: (1) that such records may be disclosed only on the condition that the party to whom the information is disclosed will not re-disclose the information to any other party without my written consent unless specifically allowed by law; (2) that I have the right not to consent to this release of my education records by completing (CCS Form _____) or by filing a written notice to the SFCC registrar; (3) that I recognize that a copy of such records must be provided to me upon my request; and (4) that this Authorization remains in effect unless revoked by me in writing.

By signing this form, I certify that I agree to the disclosure of the records referenced above. A copy of this authorization shall be considered as effective and valid as the original.

PRINT NAME

SID#

SIGNATURE

DATE

I am opting out of signing this form and understand that I may not be eligible to receive grant-funded educational assistance because of this decision.

SIGNATURE

DATE