



Spokane Community College

FERPA RELEASE

Name of student _____

Student identification number _____-_____-_____-_____-_____

Address _____

I, the undersigned, hereby authorize Spokane Community College to release the following educational records and information (identify types of records/information):

to: _____

for the purpose of: _____

for the duration of (up to the end of the current academic year): _____

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to inspect such records upon request.

Student's signature

Date

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

Return signed copy to:

Office of the Registrar
Spokane Community College
1810 N Greene St MS 2150
Spokane WA 99217