

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane Falls Community College/Institute for Extended Learning

FERPA RELEASE

Name of student _____

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

Address _____

I, the undersigned, hereby authorize Spokane Falls Community College/Institute for Extended Learning 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:

Spokane Falls Community College
Office of the Registrar MS 3011
3410 W Fort George Wright Dr
Spokane WA 99224-5288

OR

Institute for Extended Learning
Office of the Registrar MS 3090
3305 W Fort George Wright Dr
Spokane WA 99224-5228