

## 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 Optional	SID	Required	
Birthdate (mm/dd/yyyy) / /			
I am a	Former student		
at the location of Spokane Communi		alls Community Colleg	e
Institute of Extende I hereby authorize the release of the inforrevoked by me in writing to the appropriate	rmation specified below for	the period of time ind	licated, unless
Information to be Released Duration of this Authorization			
☐ All education records (GPA, grades, e	nrollment, etc.) 🗌 Until D	ate//	
☐ Dates of Attendance ☐ Until I graduate or am no longer enrolled/leav			
☐ Financial Aid, Grants, Scholarships	CCS		
☐ Billing Information			
Other, please specify			
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 infor	mation.
Release to (Recipient):			
Organization		Phone Number (	) -
Name	Relatio	onship 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. Date / / Student's Signature \_\_\_\_\_ Send original completed form to: SCC Registrar's Office (MS 2151) Building 15 SFCC Registrar's Office (MS 3011) Building 17 ☐ IEL Registrar's Office (MS 3027) Magnuson Building 27 FOR OFFICE USE 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 Scanned in halFile on / / Form completed, signed and dated Send form to appropriate institution for processing and scanning

CCS 40-200 (Rev. 06/12)

Marketing and Public Relations

FERPA form on file at designated institution