



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. **All sections must be completed for release to be valid.**

Location: Spokane Community College Spokane Falls Community College

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 CCS
- 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 <i>(format of xxx-xxx-xxxx):</i>	Phone Number <i>(format of xxx-xxx-xxxx):</i>
Relationship to student:	Relationship to student:

The Community Colleges of Spokane 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 Community Colleges of Spokane (CCS) 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 CCS Registrar's Office.

Student's Signature _____ Date _____ / _____ / _____

Send original completed form to:

SCC Bigfoot Central (MS 2151) Building 15
 Fax #: 509-533-8181
 Email: registrationoffice@scc.spokane.edu

SFCC Registrar's Office (MS 3011) Building 17
 Fax #: 509-533-3237
 Email: sfcc.admission@sfcc.spokane.edu

If sending by fax, email or mail, you must include copy of photo ID with signature for release to be valid.

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: _____