



Full Name (Print) _____ XXX-XX-_____ Last Four of Social Security #

The Family Educational Rights and Privacy Act of 1974, also known as FERPA requires that a student provide the institution authorization to release information to an individual or third party. Unless the student specifically lists these individual or third party the institution is not authorized to release any information.

This FERPA form allows the student to authorize the institution to provide information to the approved individuals or third party relating to the following areas:

Please check what areas you would like to release

____ Academic Records – Grades, Attendance and GPA

____ Student Accounts – Charges, Payments, and Balances

____ Financial Aid – Pell, Loans, and Scholarships

____ General Information

____ Anything that is not in the above areas such as disciplinary actions, non-directory contact information, etc. Only initial here if you authorize the institution to release information to the individuals or third party you have listed below:

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____
4. _____ Relationship: _____

The FERPA Act provide the student rights of privacy by allowing them to OPT Out. Meaning the student can choose not to release any information at all. Only initial here if you wish to OPT OUT and not allow the institution to provide any information to others.

Note: The student must complete a new FERPA form any time changes are needed or if the student wants to OPT out. I hereby release CCC, Its Trustees, Officers, and employees from all liability for releasing of the above-named student’s information. This authorization is valid until a written cancelation is received from the student.

I understand that I may cancel this release of information at any time by completing a revised FERPA Form to the Academic Records Department.

Student Signature

Date