Student Release of Records - FERPA Authorization Form

COLLEGE

(Family Educational Rights and Privacy Act)

Student Name		
Last (Surname)	First	Middle
tcLink ID Number	Birthdate [_]	MM-DD-YYYY
TO BE FILLED OUT BY THE S	TUDENT ONLY.	
hereby authorize Edmonds College	e to release my educational records, as indic	cated below, for the purpose of:
Academic Assistance	□ Payment of Tuition □ Verification of E	Enrollment/Progress
Other:		
lf 'other', please expl Initial on the lines below to indicate whi	lain why you wish to release these records)	
All Financial Aid Record	ds (records include: status of file, award and disburse come information, and any other information contain	
	ot Records (records include: transcripts, admission scores, Satisfactory Academic Progress status, reside the academic records).	
and fees, refund information,	cords (records include: amounts due for tuition and records hold information as it relates to parking tick counts receivable information contained in student a	ets, library fines, financial aid
available. Please note: instruc records which make up the fi	Records (records include: attendance, progress reported tors are not required to take attendance or provide p inal grade. FERPA pertains to the release of records. I ic progress with anyone other than the student).	progress reports, and retain only those
Other (Please Specify)		
records and are not cover departments.	Center and Services for Students with Disabilit red under FERPA rules. A separate release form thorized to access the information indicated ab	n must be obtained from these
Spouse	Mother/Stepmother	
Agency	Father/Stepfather	
Other (Specify name and relationship)		
Although I understand I am not requ these records. I also understand tha my consent in writing and deliver it PLEASE NOTE: A clear photocopy of	uired to release this information, I am giving my conse at this release remains in effect for one calendar year to the Enrollment Services Office at Edmonds Colleg your picture ID is required to verify authenticity of this n person. Otherwise, please make sure a copy is attack	from the date signed, unless I revoke e. s release. Enrollment Services can
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SSN # (These records are stored in a data system whic	Signature of Student ch uses the SSN as system identifiers. SSN# is strongly recomn	Date
		fice Use Only Date Initials
FERPA pertains to the release of reco		ocessed:
right to act on your behalf	AU	ceptance Ltr:
Original must be kept on file in the Enrollm the student. Upon request, confirmat appropriate ca	tion of this release will be sent to the	newal Ltr:
		bires: