



**STUDENT RELEASE OF RECORDS
FERPA AUTHORIZATION FORM**
(Family Educational Rights and Privacy Act)

TO BE FILLED OUT BY THE STUDENT ONLY.

I, _____ hereby authorize Edmonds Community College to release my
(Student requesting release, print full name)

educational records, as indicated below, for the purpose of:

Academic Assistance Payment of Tuition Verification of Enrollment/Progress

Other: _____
(Please Explain)

Initial on the lines below to indicate which records you wish to make available:

_____ **All Financial Aid Records** (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).

_____ **All Academic/Transcript Records** (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records).

_____ **All Student Account Records** (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records).

_____ **Instructor/Classroom Records** (records include: attendance, progress reports, test and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the final grade. FERPA pertains to the release of records. Instructors are not required to have conversations about academic progress with anyone other than the student).

_____ Other (Please Specify) _____

Please Note: Counseling Center and Services for Students with Disabilities records are considered medical records and are not covered under FERPA rules. A separate release form must be obtained from these departments.

**The following individual(s) are authorized to access the information indicated above:
PLEASE PRINT FULL NAME**

Spouse _____ Mother/Stepmother _____

Agency _____ Father/Stepfather _____

Other (Specify name and relationship) _____

Although I understand I am not required to release this information, I am giving my consent to Edmonds Community College to disclose these records. I also understand that this release remains in effect for one calendar year from the date signed, unless I revoke my consent in writing and deliver it to the Enrollment Services Office at Edmonds Community College.

PLEASE NOTE: A clear photocopy of your picture ID is required to verify authenticity of this release. Enrollment Services can make a copy if you deliver this form in person. Otherwise, please make sure a copy is attached before turning this form in.

SID # _____

SSN # _____

Signature of Student _____

Date _____

(These records are stored in a data system which uses the SSN as system identifiers. SSN# is strongly recommended.)

FERPA pertains to the release of records only. It does not give others the right to act on your behalf or to change your records.

Original must be kept on file in the Enrollment Services Office. A copy will be sent to the student. Upon request, a copy will be sent to the appropriate campus offices for their files.

Office Use Only	Date	Initials
Processed:	_____	_____
Acceptance Ltr:	_____	_____
Renewal Ltr:	_____	_____
Archived:	_____	_____
Expires:	_____	_____