



PIERCE COLLEGE 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. **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.**

REQUESTED BY:

Student Last Name _____ First _____ M.I. _____

Birthdate (mm/dd/yyyy) _____ SID (EMPLID) *Required** _____

Information to be Released or Revoked

Duration of this Authorization

Complete access to all records with no exceptions

Until Date: ____/____/____

OR

Academic records

Until I revoke FERPA Authorization

Financial Aid, grants or scholarship records

Billing records

Other, please specify: _____

You are **required** to create a password that you share only with the individual you have designated. The individual must know this password in order to gain access to the records you have granted.

Password: _____

Release to (Recipient)

Revoke to (Prior Recipient)

Organization:	Organization:
Name:	Name:
Relationship to student:	Relationship to student:

By signing this form, I authorize Pierce College 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 Pierce College Enrollment Services Office.

Student's Signature _____ Date ____/____/____

Please return this form in person to any of the Pierce College Enrollment Services offices (FS, PUY, JBLM) or email it to registration@pierce.ctc.edu.

FOR OFFICE USE

- Requested by the student in person and ID checked
- Requested by the student via Mail Fax Email (**ONLY** from email on file in ctclink)
- Form completed, signed and dated
- Recorded in ctclink on ____/____/____ By Staff _____