

FERPA INFORMATION RELEASE FORM

The Family Educational Rights and Privacy Act (FERPA) establish certain rights for students, regarding the privacy of their *educational* record. While parents/guardians/spouses and others may have an interest in the student's record, access to or release of the educational record is only by written student consent. *Directory* information may be released to anyone upon request, unless a student stipulates otherwise (see page 51 of the Student Handbook).

I, ______, the undersigned, authorize Bishop State Community College (Please Print Full Name)

to release the following *educational* records upon request:

Check all that apply:

- Academic record (grades/GPA, registration, academic progress, enrollment status)
- □ Financial Records (Business Office/Financial Aid)
- Other (please specify)

Persons to whom information may be released: (PLEASE PRINT)

Name	Relationship to Student

□ This release is a one-time release only

Effective Date

□ This release will remain in effect *while enrolled* unless I revoke such consent in writing at the Office of Admissions and Records.

I acknowledge by my signature that I understand although I am not required to release my records, I am giving my consent to release the information. (Your drivers license or State ID must be presented at the time this form is submitted.)

Signature of Student

Date

Directory information at Bishop State Community College includes name, address, phone number, email address, major, enrollment status, participation in athletics, weight and height of members of athletic teams, dates of attendance, degree and awards received, and the last school attended (pg. 51 of the Student Handbook). You may choose to withhold this information, but be aware that this will preclude release of any information to any source outside of the institution, including but not limited to employers and scholarships. Check the box if you would like to withhold directory information.

DO NOT RELEASE ANY DIRECTORY INFORMATION