Authorization to Release Information
FERPA Release Form

First Name	Last Name	Student ID:

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA) provides certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete this form to allow the release of their education records to specified third parties. Counseling and services for Students with Disabilities are considered medical records and are not covered under FERPA.

Instructions for completing this form:
1. The form must be fully completed and signed by the student in person at the Campus Enrollment Services Office with proper identification. Records cannot be released if any Section of this form is not filled out entirely.
2. Persons who receive access to student records must provide appropriate identification in person and provide the password associated with this release of records. Privacy regulations prohibit the release of certain information on the telephone.
3. If the student is unable to sign the FERPA Release form in person, the student will need to submit a FERPA Notary Form along with the FERPA Release Form and a copy of a valid ID.
4. To revoke a prior approval, complete and sign the Revocation sections at the bottom of this page.

SECTION A: Education records be released (check all that apply):

☐ **All Records List Below**

☐ **Academic/Transcript Information** (transcripts, admission & registration information, grades/GPA, academic progress, enrollment status)

☐ **Financial Aid Information** (awards, application data, disbursements, eligibility, financial aid academic progress status)

☐ **Student Account Information** (tuition & fees charges, credits, payments, past due amounts, collection activity)

☐ **Instructor/Classroom Records** (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 file grade. FERPA pertains to the release of records. Instructors are not required to have conversations about progress with anyone other than the student).

☐ **Veteran Information** (VA Educational Benefits)

☐ **Other (Please Specify)** _____

SECTION B: Person to whom access to education records may be provided:

_____
Name of person to whom your records may be released (Note: use an additional form for each person granted release)

_____

Password for access to records (must not include any part of SSN or DOB)   _____
                                                                              Relationship to Student

SECTION C: Duration of release (check one):

☐ Term-based: This authorization is active only for the current academic term: _____

☐ Open-ended: This authorization is active until revoked in writing and in-person.

Authorization and Signature (required for all submitted forms):

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect for the duration of the release or revoked by me via this form and will be applicable to all offices of Houston Community College.

_____   _____
Student's Signature   Date

Revocation (complete only if removing access):

☐ I choose to revoke a previously granted Consent to Access of Student Records for the individual listed in Section B effective the date signed here. Signature: _____ Date: _____

Rev: April 2018