



Authorization to Release Student Information
FERPA Consent Form

Name of Student (Last, First, Middle Initial) Student ID Date

The Family Educational Rights and Privacy Act (FERPA) grants certain rights to students concerning the privacy of and access to their education records. If desired, students may complete this form and submit it to the Records Office, allowing the release of their education records to third parties included below. Triton College shall review and respond to requests for release of education records on a case-by-case basis. NOTE: This FERPA consent form does not cover medical records held solely by Health Services, Counseling or the Center for Access and Accommodative Services, nor does it cover disciplinary records held in the Office of Student Services. Students should contact those offices for consent forms related to the release of records.

Part A. Education Records to be released (check all that apply):

- Academic Information (grades/GPA, registration, student ID number, academic progress, enrollment status)
Financial Aid information (awards, application data, disbursements, eligibility, financial aid academic progress status, loan information)
Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity)
All Records Listed Above
Other (please specify):

Part B. Person(s) to whom Education Records may be provided:

Name(s) and relationship(s) of person(s) to whom records may be provided (use additional pages if necessary)

Address(es) of person(s) to whom records may be provided (use additional pages if necessary)

Password/Code (select an identifier to provide requestor) or agency and company Tax ID number of requestor

Part C. Duration of release (check one):

- One-Time Use: This authorization can be used only once.
Limited Use: This authorization expires on:

Part D. Purpose of release (check one):

- Family Communications
Employment
Other (please specify):

I understand that (1) I have the right to refuse to release my education records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Records Office.

Student's Signature Date Signature of Parent/Guardian (if under 18) Date

Notary Signature (Form must be notarized if not delivered in person by student.)

This form must be fully completed and signed by the student. Students must present valid government issued photo ID when submitting this form. When mailing the form, students must include a copy of valid photo ID. A valid photo ID must also be presented by the person authorized to view these records. Records cannot be released if any section of this form is not filled out entirely. Submit the completed form to the Records Office in the Student Center, Room B216E or mailed to: Records Office, Triton College; Student Center, Room B216E; 2000 Fifth Avenue; River Grove, IL 60171.