Authorization to Release Student Information
FERPA Consent Form

Name _____
Last First M.I.

Colleague Number _____ 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 requester) or agency and company tax ID number of requester.

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 B-220 or mailed to Records Office, Triton College; Student Center, Room B-220; 2000 Fifth Ave.; River Grove, IL 60171.