



Triton College **Authorization to Release Student Information**
FERPA Consent Form

_____ Name of Student (Last, First, Middle Initial)	_____ Student ID	_____ Date
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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
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Notary Signature (Form must be notarized if not delivered in person by student.)