FERPA Student Authorization for Release of Educational Records

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of Essex County College students' educational records and generally limits the release of student information without the student's express written consent, regardless of the student's age. The purpose of this release form is to facilitate the communication of specified student information to authorized individuals identified by the student (Recipient).

TO BE COMPLITED BY STUDENT

Section A: Student Information

Student Name: _____ Student ID#: _____

Phone: _____ Email: _____

Section B: Educational Records to Be Released (Check All that Apply)

- ☐ **Academic Information:** (e.g., grade/GPA, class schedule, academic progress/probation/suspension, enrollment status)
- ☐ **Financial Information:** (e.g., scholarships, grants, financial-aid status, billing/payment history, balances)
- ☐ **Disciplinary Information:** (e.g., Student Code of Conduct/Title IX proceedings, disciplinary sanctions)
- ☐ **All of the Above**

Section C: Recipient to Whom Educational Records May Be Released

Recipient Name: _____

Address: _____ Phone: _____

Relationship to Student: _____ Email: _____

Section D: Duration of Release – Not to Exceed One Year (Check One)

☐ One-Time Release ☐ Limited Use/Current Academic Semester ☐ Initiation Date: _____

Section E: By signing below, I authorize the appropriate office/official at the College to release my specified educational records to the Recipient subject to the term specified in this document.

Student Signature: _____ Date: _____

FOR OFFICE OF THE REGISTRAR'S ONLY

Processed By: _____ Date: _____ Expiration Date: _____

Note: Please make a copy of the Identification of the student and recipient.