



Authorization to Release Confidential Student Information

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Student ID Number

I, _____, hereby permit Cleveland Community College to release the following information from my educational records (check all that apply):

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|--|--|--|
| <input type="checkbox"/> Academic Standing | <input type="checkbox"/> Payment Information/History | <input type="checkbox"/> All Records |
| <input type="checkbox"/> Class Schedule for Current Term | <input type="checkbox"/> Registration History | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Cumulative Credit Hours | <input type="checkbox"/> Transcript/Grades | |
| <input type="checkbox"/> Financial Aid Information | <input type="checkbox"/> Veterans' Information | |

What is the purpose of the disclosure(s)? (Required by federal law)

The above information may be released in person or in writing to the following individual(s)/parties, once s/he has confirmed my social security number, date of birth, and/or other specific identifying information that may be requested. (For additional names, attach additional signed pages.)

Name (Print)	Name (Print)
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Student Information

Student Last Name	First Name	Middle	Birthday (M/D/Y)
Email		Phone	

Consent

By signing this form, I declare that I understand:

- The above information is considered private information under federal FERPA guidelines.
- This release will only apply to the party or parties indicated above.
- Information cannot be requested or released via the Internet.
- This release does not cover counseling records.
- I have the right not to consent to the release of my educational records.
- I have the right to receive a copy of my educational records upon request.
- This release does not authorize any party to drop classes on my behalf.

Student Signature	Date
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A copy of the student's state-issued identification (such as a driver's license or passport) must be attached to this form. must be submitted in person, by mail, or by fax—with photo identification—to Student Services, located on the second floor of the Jack Hunt Campus Center.

Cancellation

My signature below indicates that I am requesting that this agreement be cancelled.

Student Signature	Date
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OFFICE USE ONLY

Received By: _____

Date: _____