Dawson Community College

FERPA Consent to Release Student Information

The Family Educational Rights and Privacy Act (FERPA) provides that an educational institution may not release confidential information about a student without the consent of the student. If you wish to waive a portion of this right, please complete this form. This form is effective

Provide information from the educational records of _______________________________________________________

(Student name)

To ________________________________________________________________________________________________

(Name of party or individual to whom information can be released)

The Student’s relationship to the requestor is as follows:

- Parent
- Guardian
- Legal Counsel
- Scholarship Grantor
- Other (Please specify) _____________________________________________________________________________

The type of information that is to be release under this consent is (please mark any that apply):

- Transcript
- Academic progress/advising
- Academic disciplinary records
- Non-academic disciplinary records
- Student employment contract
- Financial aid award letter (scholarships, grants, loans)
- Business office account/billing records
- All records
- Other (please specify) _____________________________________________________________________________

The information is to be release for the following purpose:

- Family communication
- Employment
- Admission to an educational institution
- Scholarship application
- Other (please specify) _____________________________________________________________________________

I understand the information may be release orally or in the form of copies of written records, as preferred by the requestor. I have a right to inspect any written records release pursuant to this consent (except for parents’ financial records and certain letters of recommendation for which the student waived inspection rights). I understand that this consent is in effect immediately and that I may revoke this consent in writing at any time to Dawson Community College Registrar’s Office.

Student Name: (Please print) _____________________________________________ Student ID: ___________________

Signature: _____________________________________________________________ Date: ______________________