



Permission to Release Educational Records

Student Name: _____ Date: _____

Previous Name (if applicable): _____

Student ID: _____ Birth Date: _____

The Family Educational Rights and Privacy Act of 1974, as Amended (FERPA)

This act was designed to protect the privacy of educational records, to establish the rights of students, to inspect and review the educational records, and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. In accordance with FERPA, Red Rocks Community College (RRCC) may disclose (to third parties) information from the academic records of a student provided that RRCC has written consent on file from the student.

Please sign below and return to the Student Records Office if you consent for RRCC to release your educational records.

**Note that the person(s) you grant access to your files are able to view your records but they are NOT allowed to perform actions with RRCC on your behalf.*

Person or Agency representative authorized access to these records: *(Name, Address, Phone Number & Relationship to Student)*

Name _____ Address _____

Phone _____ Relationship to student _____

The type of information that is to be released under this consent is:

- _____ Financial Aid Information
- _____ Cashier's Information (payments made or due, current bill, billing summary, COF, etc)
- _____ Academic Records Information (grades/GPA, registration, student ID number, academic standing, enrollment information)
- _____ Consult with Accessibility Services
- _____ Other (specify) _____

This is a one-time request This is an ongoing request

I certify that, to the best of my knowledge, the information furnished in this "Permission to Release Educational Records" form is true and complete without intent of misrepresentation. I understand that the knowing and willful request for or acquisition of a record pertaining to an individual under false pretenses is a criminal offense under the Privacy Act of 1974 (5 U.S.C. 522a) subject to a \$5,000 fine.

*****I establish the following PASSWORD to release information via Email or Telephone:** _____

Student Signature: _____ Date: _____

This document MUST be notarized if NOT signed in the presence of a RRCC Staff member

Subscribed and sworn to or affirmed before me this _____ day of _____, 20____,
in the county of _____, State of Colorado. *(seal)*

Signature of Notary Public

Commission Expiration Date

Notice: Sign below ONLY if you want to CANCEL the above release.

I request that the above permission to release my records be rescinded immediately.

Student Signature: _____ Date: _____

Office Use Only:

Action Taken:

Date and Term:

By: