



FERPA Authorization to Release Information from Student Education Records

The Family Educational Rights and Privacy Act (FERPA) is designed to protect the privacy of a student's educational records. These records may include academic, financial aid, scholarship, veterans, and student financials (billing/account) information. Records will not be released without prior written consent from the student. Certain information, defined as directory information, can be released without the prior consent of the student.

Important: All sections must be completed for release to be valid. FERPA pertains to the release of records only. This authorization does not give others the right to act on behalf of the student or change the student's record.

**Please return this form in-person to the Enrollment Services Office, Lakewood Campus.
A VALID PHOTO IDENTIFICATION IS REQUIRED, NO EXCEPTIONS.**

SECTION I: Print student information.

Student Full Name (Last, First, Middle)	Student ctcLink ID Number
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SECTION II: I authorize Clover Park Technical College to release the information indicated below to the following:

Full Name of Person	Full Name of Person
Organization or Agency (if applicable)	Organization or Agency (if applicable)
Relationship to Student	Relationship to Student

SECTION III: Initial each authorized area to RELEASE or REVOKE information:

- _____ Complete access to all records with no exceptions
- _____ ACADEMIC RECORDS: admissions application, class schedules, transcripts, residency, graduation
- _____ CLASS & PROGRESS RECORDS: **ALL** classes or **SPECIFY** a class: _____
- _____ FINANCIAL AID RECORDS: awards/amounts received, grants, scholarships, all submitted documents
- _____ STUDENT FINANCE RECORDS: tuition & fees charged/paid, fines, billing, and holds on account
- _____ VETERAN BENEFIT RECORDS: all documents submitted, waivers received, determinations
- _____ Other, please specify: _____
- _____ Revoke prior FERPA Authorization for person(s)/organization(s) listed above.

SECTION IV: Initial the DURATION of this authorization (mm/dd/yyyy):

- _____ One time only, specify date: _____ / _____ / _____
- _____ Until Date: _____ / _____ / _____
- _____ Until I revoke this FERPA Authorization

By signing this form, I authorize Clover Park Technical College to release and disclose information from my educational records as specified for the indicated period of time. This authorization remains in effect as specified or until I revoke it in writing to the Enrollment Services Office.

Student Signature	Date
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Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries please contact **Title IX coordinator** James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, james.neblett@cptc.edu; or **Section 504/disability coordinator** Melissa Medina, Manager of Student Disability Services, 253-589-5755, melissa.medina@cptc.edu. All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499.