

In compliance with the federal *Family Education Rights and Privacy Act (FERPA) of 1974*, and the Board of Regent's *FERPA Notice and Directory Information Policy*, CT State Community College is prohibited from providing certain information from your student records to a third party (such as information about grades, billing, tuition and fee assessments, financial aid, and other student record information). This restriction applies (but is not limited) to your parents, your spouse/life partner, or a sponsor.

You may, at your discretion, grant CT State Community College permission to release information about your student records to a third party by submitting a completed **Student Information Release Authorization** form. You must complete a separate form for each third party to whom you grant access to information on your student records. The specified information will be made available only if requested by the authorized third party. Please note, CT State Community College will not release information to an authorized third party over the phone.

Please note, your authorization form has no expiration date; however, you may revoke this authorization at any time by completing a **Revocation of Student Information Release Authorization** form.

**Student Information:**

Student Name: (Last, First, Middle Initial) \_\_\_\_\_

Student ID: @ \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

**Third-Party Designee:**

Name (Last, First, Middle Initial) \_\_\_\_\_

Current Address: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Purpose of Release (check all that apply);**

- Academic records (transcript)
- Financial Aid awards, disbursement information, eligibility and/or satisfactory academic progress.
- Billing statements, Tuition & Fees, credits/payments, past due amounts, or collection activity.
- Student conduct records
- Other (please specify if other information is to be released) \_\_\_\_\_

**Certification:**

By signing below, I authorize CT State Community College to disclose and discuss confidential information from my education record (as specified above) with the third-party designee listed above in reference to the purpose of this release.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete and return to Enrollment Services.**

**For Office Use Only:**

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Entered By: \_\_\_\_\_