

# FERPA Release Authorization

## Publication 07.02.PUB5



STUDENT NAME (printed)\_\_\_\_\_

Surname if applicable\_\_\_\_\_

**REQUEST TO RELEASE my education records and information to a third-party or parties.**

I, the undersigned, authorize CCMS **TO RELEASE** protected, personally identifiable non-directory records and information including, but not limited to, my enrollment status, grades, performance assessment, disciplinary actions, tuition/fees, student accounts, schedules and financial aid to the below identified individual(s) or agency, and to discuss those same records with the below specified third party or parties:

*Name and address of person or agency to receive records or discuss records*

### Signature Authorization

I understand that **(1)** I have the right not to consent to the release of my education records; **(2)** I have a right to receive a copy of such records upon request; **(3)** and that this consent shall remain in effect until revoked by me, in writing, and delivered to the CCMS Office of the Registrar, but that any such revocation shall not affect disclosures previously made by CCMS prior to the receipt of any such written revocation.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Return this complete authorization form to the CCMS Office of the Registrar or contact registrar@ccms.edu