



Every Step of the Way...

EDMONDS COMMUNITY COLLEGE
ACADEMIC, FINANCIAL AID & STUDENT ACCOUNT RECORDS
FERPA RELEASE FORM

(Family Educational Rights and Privacy Act)

I, _____ hereby authorize Edmonds Community College to release the
(PLEASE PRINT FULL NAME)
following educational records for the purpose of _____.

_____ All Financial Aid Records (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).

_____ All Academic/Transcript Records (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records).

_____ All Student Account Records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records).

_____ Instructor/Classroom Records (records include: attendance records, progress reports, test and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the final grade. FERPA pertains to the release of records. Instructors are not required to have conversations about academic progress with anyone other than the student).

_____ Other (Please Specify) _____
Please Note: Counseling Center and Services for Students with Disabilities records are considered medical records and not covered under the FERPA rules. A separate release form must be obtained from these departments.

The following individual(s) are authorized to access the information indicated above:
PLEASE PRINT FULL NAME

Spouse _____ Mother/Stepmother _____

Agency _____ Father/Stepfather _____

Other _____ (Please Specify)

Although I understand I am not required to release this information, I am giving my consent to Edmonds Community College to disclose these records. I also understand that this release remains in effect for one calendar year from the date it is received by Edmonds Community College, unless I revoke my consent in writing and deliver it to the Enrollment Services Office at Edmonds Community College.

SID # _____ Signature of Student _____ Date _____

SSN # _____

(These records are stored in a data system which uses the SSN as system identifiers. SSN# is strongly recommended.)

Original must be kept on file in the Enrollment Services Office. A copy will be sent to the student. If account records are to be released, a copy will also be sent to the Cashiers Office.