



FERPA AUTHORIZATION TO RELEASE INFORMATION FROM STUDENT EDUCATION RECORDS

Last Name _____ First Name _____ SID _____

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, athletics, veterans, and billing/account information. Records will not be released without prior written consent from the student. Certain information, defined as directory information, may be released without the prior consent of the student. **All sections must be completed for release to be valid.**

Information to be Released (or revoked – see below)

Duration of this Authorization

Complete access to all records with no exceptions

Until Date _____

Academic records

Until I graduate or am no longer enrolled/leave

Financial Aid, grants or scholarships records

Until I revoke FERPA Authorization

Billing records

Attendance records

Other, please specify: _____

You are required to create a code word that you share only with the individual you have designated.

The individual must know this code word in order to gain access to the records you have granted.

Code Word: _____

Release to (Recipient):

Revoke to (prior recipient):

Organization	Organization
Name	Name
Phone Number	Phone Number
Relationship to Student	Relationship to Student

By signing this form, I authorize Grays Harbor College to release and disclose information from my educational records as specified for the period of time indicated. This release remains in effect as specified or until I revoke this authorization in writing to the Student Records Office.

Student Signature

Date

