



GRAYS HARBOR COLLEGE

2019-2020 Consent for Release of Student Information

Last Name

First Name

SSN/SID

In accordance with the Federal Education Rights and Privacy Act, (FERPA), I authorize the release of my financial aid information and/or academic records to the individuals or organizations named below.

The Financial Aid Office and/or Student Records Office will not release student information without proper identifiers. To be given information, third-parties must provide their password (as assigned below by the student) AND the student's Social Security Number (SSN) or Student ID Number (SID).

Last Name

First Name

Relationship

Password

Financial Aid Information Only

Academic Records Only

Both

Last Name

First Name

Relationship

Password

Financial Aid Information Only

Academic Records Only

Both

Last Name

First Name

Relationship

Password

Financial Aid Information Only

Academic Records Only

Both

I agree to waive my rights under FERPA and allow those named above to have access to my 2019-2020 financial aid and/or academic records. This release is effective as of this date through June 30, 2020.

I understand I may revoke this release earlier, by providing a written statement to the Financial Aid Office or Student Records Office.

Student Signature*

Date

*If this form is not returned in person by the student, a copy of the student's government issued photo ID with a legible signature must be included. Government issued photo ID may include a Drivers License, State issued Identification Card or Military Identification Card.