

**Columbia State Community College**

**Family Educational Rights and Privacy Act (FERPA)**

**Student Release of Confidential Information Form**

This form allows students to authorize the release of confidential academic, financial aid, discipline, and student account information otherwise protected by the Family Educational Rights and Privacy Act (FERPA) to designated persons.

I (the student) do hereby authorize Columbia State Community College (CSCC) and/or its employees to release my confidential academic, financial aid, discipline and any student financial account information, including academic progress reports and grades when available, to the person(s) named in the following information. This release does not apply to other information (counseling and health) protected by FERPA.

**Authorization is valid as long as I am enrolled at CSCC or until cancelled in writing by me.** I understand I have the right to receive a copy of such records upon request. I acknowledge that I may revoke this “Student Release of Confidential Information” *in writing* at any time by presenting such authorization *in person* to the Records Office. I also acknowledge and agree that disclosure of records and /or information made prior to my written revocation shall not constitute a violation of my right to privacy under federal and state law. To cancel this release, the student must submit the *written* cancellation request *in person* and *must be prepared to present a valid photo ID* to the Records Office in the Jones Student Center, Room 112.

Student Name (Please Print)	Student ID Number:	Student’s Last 4 of SSN
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Education records to be released (check all that apply):		
<input type="checkbox"/> Financial Aid/Attendance Records	<input type="checkbox"/> Final Grades	<input type="checkbox"/> Academic Standing
<input type="checkbox"/> Admissions Documents	<input type="checkbox"/> Conduct/Discipline	<input type="checkbox"/> Student Business Accounts
<input type="checkbox"/> Enrollment Status	<input type="checkbox"/> Early Alerts	<input type="checkbox"/> Graduation Status
<input type="checkbox"/> Grades & Transcript Information		
<input type="checkbox"/> All Records Listed Above		

**Name of person(s) (other than self) authorized to receive or Personal Identification Number request information. List Primary recipient first.**

**IMPORTANT: The following information must be completed to assist CSCC staff in identifying the non-student recipient of information when he/she calls to request information by telephone.**

Recipient’s Name	Relationship to Student	Last 4 of Recipient’s SSN

Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Campus Receiver (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

**For more information regarding CSCC’s FERPA policy, please visit <https://columbiastate.edu/policies-procedures/privacy.html>.**

Completed form may be submitted from the Columbia State student email only to [processing@columbiastate.edu](mailto:processing@columbiastate.edu) or in person at any campus location.