

For Staff Use Only						
Scanned	Date	Initials				
Enrollment						
Financial Aid						

## STUDENT CONSENT FOR RELEASE OF RECORDS

- The Family Educational Rights & Privacy Act (FERPA) is a federal law that governs the release of and access to student education records. Section 99.7 of FERPA requires that students be informed of their rights under the law. FERPA allows the college to release a student's directory information to anyone unless the student informs the Office of Enrollment Services that they do not want directory information released. Directory information as defined by the Washington State Board for Community and Technical colleges <u>https://www.sbctc.edu/colleges-staff/commissions-councils/pic/pio-resourcemanual/ferpa-pio</u> is:
  - Student's name
  - Major field of study
  - Enrollment status
  - Dates of attendance
  - Participation in recognized sports
  - Degree or certificate earned
  - Term degree or certificate awarded
  - Honors
- 2. The College may release requested information which includes the following: grades, account balances, and unofficial transcripts in person with persons photo ID. To release information to others, this form must be submitted by the student either in person at the One-Stop on the Olympia campus or from the student's spscc.edu email account.
- 3. Any other release form(s) sent directly from an outside organization or third-party must be on the agencies' letterhead or be an official court document; in addition, the documents must contain a student signature.
- 4. This is not an **official** transcript release form.

Student Last Name	Student First Name		ctcLink ID	DOB (mm/dd/yyyy)	
Phone Number		Email Address			

Under federal legislation, The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99), I understand that my educational records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian. I, therefore, request that that educational information be released to the person(s) listed below):

Name of Recipient(s)					
Street Address	Apt #	City		State	Zip Code
Phone Number		Email Address			
Student Signature			Today's Da	ate	

Please note that this document will expire one year from the date in which it is signed.

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