

Third Party Consent for Release of Records

By completing and signing this form, you are providing your written consent to **South Puget Sound Community College** to release personally identifiable information from your education records to the third party identified below. Personally identifiable information references information other than directory information as defined by the Washington State Board for Community and Technical colleges <https://www.sbctc.edu/colleges-staff/commissions-councils/pic/pio-resourcemanual/ferpa-pio> which includes:

- 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

The sole purpose of this release is to allow **South Puget Sound Community College** to share necessary information with the specified third party for the limited purpose of facilitating third-party payments towards tuition, fees, and other charges related to the student's account. This consent is in accordance with the Family Educational Rights and Privacy Act which requires this consent before any such information can be disclosed to the third party for this financial purpose.

Records to Be Released:

- Student account information including account balance(s) and account status.
- Class information including term enrolled, number of classes, and class sections.
- Transcripts and grades per request of the third party.
- Financial aid information such as award type and award amount.

You have the right to **request and receive a copy of the records disclosed** under this consent. If you wish to obtain a copy, please indicate this in writing below:

I, _____ wish to receive a copy of the document sent to the third party listed below. Date: _____

**Please submit this form to the One Stop located in Building 22-Second Floor
Enrollment Services / Student Financial Services
2011 Mottman Rd SW | Olympia, WA 98512
enroll@spscc.edu**

Student Giving Consent

Student's Full Name:	
Student's Date of Birth:	
Student ctcLink ID:	
Student Signature:	Date:

This form will expire one calendar year from the date signed.

Person(s) Providing Consent (if student is under 18 and not in postsecondary education)

Parent/Guardian Full Name: _____

Relationship to Student: _____

Please note that you must include:

1. List an Agency/Organization and specific department within the agency that SPSCC can contact.
- AND/OR**
2. The name of representative(s) that you give SPSCC consent to release information. Note this option only gives us authorization to release information to the listed representative.

One or both must be listed in order for this form to be valid. If you're unsure, please contact your third-party agency to obtain the necessary information.

Third Party Receiving Information:

Agency/Organization:
Department:

AND/ OR

Name of Representative:		
Phone:	Email:	Fax:
Name of Representative:		
Phone:	Email:	Fax: