

For Staff Use Only		
Scanned	Date	Initials
Enrollment		
Financial Aid		

STUDENT CONSENT FOR RELEASE OF RECORDS

1. Students are expected to monitor their my.spssc.edu email account, which is the primary method the college will use to communicate with students. The College may release requested information via that email address without a release form. To release information to others, this form must be submitted in person to the One-Stop on the Olympia or Lacey Campus or from the student's my.spssc.edu account. If not submitted by the student, the form must include a copy of the student's valid photo identification including signature.
2. Any other release forms sent directly from an outside organization or third-party must be on agency letterhead or be a court document, and include student signature.
3. This is not an official transcript release form. By completing this form, the student is allowing their academic and/or financial records (unofficial transcripts, test scores, schedules, and/or financial aid data) to be released to someone other than himself/herself.

Student Last Name		Student First Name		SID	Social Security Number	
Street Address			Apt #	City		State
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 the information listed below be released to the following individual(s):

Name of Recipient(s)				
Street Address		Apt #	City	State

Check the boxes below to indicate the information that you consent to be released and check the boxes to indicate the methods by which the information may be released. If not specified, information will only be released in person. **Please note that Financial Aid information will not be released via email.**

Department	Types of Records	Methods of Release	Required Information
Enrollment Services	<input type="checkbox"/> Grades/Unofficial Transcript <input type="checkbox"/> Schedule (Information Only) <input type="checkbox"/> Allow Others to Change My Schedule	<input type="checkbox"/> In Person (with Photo ID)	Specify phone number below
		<input type="checkbox"/> By Phone (specify number)	Specify email address below
		<input type="checkbox"/> By Email (specify email address)	
Cashiering Services	<input type="checkbox"/> Account Balance (tuition, fines, etc.) and Make Payments on My Behalf	<input type="checkbox"/> In Person (with Photo ID)	
Student Financial Services	<input type="checkbox"/> Financial Aid Information	<input type="checkbox"/> In Person (with Photo ID)	Specify recipient's phone password below (should not be the same as your password)
		<input type="checkbox"/> By Phone (Password Required)	
Faculty	<input type="checkbox"/> Class Information (assignments, grades, attendance, etc.)	<input type="checkbox"/> In Person (with Photo ID)	Specify email address below
		<input type="checkbox"/> By Email (specify email address)	
Expiration Date	Indicate an expiration date. If the expiration date is left blank, the permission will expire on June 30 th of the calendar year following the date the release was signed.		
Student Signature			Today's Date