Photo ID viewed ___ Employee _____

FRONT RANGE COMMUNITY COLLEGE

Authorization for Release of Records

If the student is submitting this request in person, you must present a photo ID.
If the student is not in person, a photo id can be faxed with the notary section of this form completed.

Date: _____ Student ID: _____

Student Name: _____
Last Name *First Name*

Phone Number: _____ Email Address: _____@student.cccs.edu

Full or limited access does not give authority to make changes to the student's educational record. This authorization will remain continuously in effect for a maximum of one year, unless the authorization is withdrawn in writing. Please check the appropriate boxes below.

☐ **FULL ACCESS** - to ALL educational records maintained by:
- ☐ Admissions & Records office
- ☐ Financial Aid office

For Full Access release: Please provide a security question and answer. In the event the valid ID is not available, this information will be used to confirm the identity of the third party authorized to access your student information.

Question: _____ Answer: _____

Name and address of individual or agency that may access my records: ☐ **Mail** OR ☐ **Pick Up**

_____ _____
Name Address

☐ **LIMITED ACCESS** – Only the following specific information or records may be released:
- ☐ One-time use. This authorization can be used only once.
- ☐ Limited use authorization expires on: _____
- ☐ Other – Please describe _____

_____

Information that is authorized for release: _____

Name and address of individual or agency that may access my records: ☐ **Mail** OR ☐ **Pick Up**

_____ _____
Name Address

_____

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the College office or person who maintains the records of the authorization. This authorization is good for one calendar year from the date I sign this release, unless noted differently above, and photocopies of this release form may be accepted, when presented in person with appropriate identification. The person and or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release.

_____ _____
Student Signature Date

_____

Notary Section
If this form is faxed, scanned, or mailed, it must be notarized.

State of _____

County of _____

Sworn to and subscribed before me this ____ day of _____, 20 ____.

_____
Signature of Notary Public

My Commission Expires _____ (SEAL)