



Authorization for Release of Records

If the student is submitting this request in person, a photo ID must be presented. If the student is not in person, this form may be sent through his/her CCCS student email account or the notary section of this form must be completed.

Student Name (last, first, middle): _____

Student ID: _____ Phone Number: _____ Term: _____

Is this release for the purpose of releasing or sharing Academic Information or Financial Information? _____

Will information be: provided to/picked up by student, or provided directly from FRCC to third party

If to third party, will it be via: phone fax mail email. Please specify contact information: _____

I understand that my student CCCS email is the official means of communication for FRCC. I am responsible for checking my email account through eWOLF for updates.

- This authorization does not give anyone else authority to make changes to the student's educational record
- This authorization will remain continuously in effect for a maximum of one year unless other instructions are specified below, or the authorization is withdrawn in writing from the student.
- This authorization is for *Full Access* unless *Limited Access* is selected.

Please complete the appropriate section(s) below:

RELEASE TO INDIVIDUAL: Purpose of this release: _____

Name of individual or individuals who may access my records: _____

Address of individual or individuals who may access my records: _____

Limited Access Only: If full access to records is not desired, specify details here (Ex. Single pick-up of transcript, final grades for 1 term only, etc.)

Please provide a security question and answer. In the event a person's 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: _____

RELEASE TO AGENCY/COMPANY: Purpose of this release: _____

Name of agency or company who may access my records: _____

Address of agency or company who may access my records: _____

Limited Access Only: If full access to records is not desired, specify details here (Ex. Single pick-up of transcript, one-time verification form, etc.)

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. If you are asking that information from your educational record be shared with a 3rd party, our institution cannot be held liable for the redistribution or disclosure of such information.

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)