FERPA Consent to Release Student Information

Office of Registrar · Building 3 · 7390 South Sixth Street · Klamath Falls, OR 97603

_____   _____   _____
Last Name   First Name   Student ID Number

It is the policy of Klamath Community College, in accordance with the Family Education Rights and Privacy Act (FERPA), to withhold personally identifiable information contained in our students' education records unless the student has consented to disclosure. Private information, such as grades, class schedules, the student's account, and financial aid awards may not be released without express consent from the student. Signing this form provides such consent, according to the information designated for release and to whom it is to be released.

I,_____, authorize Klamath Community College to release the following educational records, upon request, to the persons listed below, for the purpose of keeping them informed regarding my education at Klamath Community College.

Please initial all that apply:

_____ All medical/ disability documents in Student Support Services

_____ All financial records in the Business Office

_____ Other: _____

_____ All Financial Aid Information

_____ Other: _____

_____ All academic records in the Registrar Office

Persons to whom information can be released:

Name:_____   Relationship: _____

Name:_____   Relationship: _____

Name:_____   Relationship: _____

Name:_____   Relationship: _____

All listed persons will have access to the initialed information/ departments above. If a person shall have access to different information than listed, student must complete a separate form for said person.

Please provide the contact information for the previously stated persons to whom information can be released.

Name: _____

Mailing Address: _____

_____

Phone Number: (_____)_____

Email: _____

Name: _____

Mailing Address: _____

_____

Phone Number: (_____)_____

Email: _____

Name: _____

Mailing Address: _____

_____

Phone Number: (_____)_____

Email: _____

Name: _____

Mailing Address: _____

_____

Phone Number: (_____)_____

Email: _____

I acknowledge by my signature that I understand that, although I am not required to release my records, I am giving my consent to release the designated information to the above named person(s). I understand that this release will remain in effect unless I revoke such consent in writing and the revocation is received and processed by Klamath Community College.

_____
Student Signature

_____
Date

Return to Enrollment Services

Received By:_____ Date: _____