



KLAMATH
Community College

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:

- | | |
|---|--|
| <input type="checkbox"/> All financial records in the Business Office | <input type="checkbox"/> All medical/ disability documents in Student Support Services |
| <input type="checkbox"/> All Financial Aid Information | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> All academic records in the Registrar Office | <input type="checkbox"/> Other: _____ |

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

Office Use Only: Received By: _____ Date: _____
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