

Student ID#: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**FERPA Consent to Release Information**

The Family Educational Rights and Privacy Act (FERPA) prohibits an institution of higher education from releasing non-directory and student record information to any requesting third party without the student’s written consent. This consent does not cover medical records held solely by Student Immunization Records or education records held by individuals or offices other than those listed below. Information released may be verbal or in the form of copies of written records, as preferred by the requester or department that is authorized by the student.

**I authorize the release of my educational and student records to:**

Name of Individual or Third Party Entity	Relationship	Email/Telephone

CODE PHRASE: \_\_\_\_\_ The code phrase or word (ex. Happy Days) is used to validate authorized individuals to receive information and/or allow discussion if not in person with a photo ID. Provide your code phrase to the authorized individuals listed above as the College will not share any information without this. To change a code phrase, a new FERPA Consent to Release form must be submitted to the Office of the Registrar.

**I authorize Cape Cod Community College to release the following information (check all that apply):**

- Academic (i.e., Admissions, Registration, Student Records including, but limited to: date of application, enrollment and academic status, grades, drop/withdrawal, GPA, schedules, academic transcript)
- Financial (i.e., Student Accounts, Financial Aid including, but limited to: awards, scholarships, verifications, appeals, charges, holds, accounting statements, 3<sup>rd</sup> party payments, tuition and fee balance)

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form must be signed in person, or via Zoom, in the presence of a College official or appropriate witness (i.e. caseworker, attorney, counselor, advisor, teacher) after presenting official photo ID, or notarized.

Submit to the Office of the Registrar. Consent is valid for one academic calendar year. To revoke this consent prior, submit a signed written statement, or Revocation of FERPA Consent to Release.

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Name (Printed):** \_\_\_\_\_

<b>Office of Registrar Use:</b>		
Date Received: _____	Receiver’s Initials: _____	Date Entered in Jenzabar: _____