

Student ID#: _____ Email: _____ Phone: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Who is designated as your CCCC reference?

Name: _____

Email: _____ Phone: _____

*If student does not waive rights, provide an original copy of any reference to the student. A copy of each reference letter must also be maintained in the student's educational files or in your (the reference) files. You must also submit this **Reference Request Form** to the Office of the Registrar.*

**FERRPA Consent to Release
Academic and/or Personal Information to Third Party**

In accordance with the Family Educational Rights and Privacy Act (FERPA), I authorize the above-named individual to release my academic and/or personal information and provide an honest evaluation of my qualifications. This evaluation can be based upon my involvement in activities or organizations outside the classroom or my performance in their class(es) as well as my overall academic performance or participation.

This reference is for the purpose of:

- Scholarship
- Employment
- Application for Higher Education
- Other (please specify): _____

I authorize reference information to be sent/released to the following party or parties:

Name	Mailing Address	Email

I wave my right to review at this time or at any time in the future a copy of any letter submitted on my behalf to the above party or parties.

I do not wave my right to review a copy of any letter submitted on my behalf to the above party or parties.

Student Signature*: _____ Date _____

**Form must be signed in the presence of a College official. The student must provide photo identification.*

Office of Registrar Use:

Date Received by Registrar: _____ Receiver's Initials: _____