



Release of Student Records Form

This form will remain in effect until a Revocation of Release of Records form is submitted to the College.

Government issued ID or Edison State Student ID required at time of signature.

Student Information

Last Name _____ First Name _____ M.I. _____

Student ID# _____ Current Phone Number _____

I, the undersigned, understand that under the provisions of the Family Educational Rights and Privacy Act (FERPA), as amended, my college records will not be released without my approval, except in those instances in which FERPA authorizes the release. I hereby authorize Edison State Community College to release the information in the following records to the party named below:

(Check those that apply. The items checked indicated the purpose of this disclosure.)

Academic Records Disciplinary / Conduct Records Financial Aid Records

I understand that by signing this release, I am waiving my rights of nondisclosure of these records under federal law only to the party specifically listed. This release does not permit the disclosure of these records to any other party without my written consent or as permitted by law.

(initial)

I further understand that I do not have to consent to this disclosure and that I may revoke the authorization by submitting a Revocation of Release form to Edison State Community College's Student Affairs Office.

(initial)

I understand that any revocation of authority hereunder would only govern subsequent releases and only be valid from the time of Student Affairs' actual receipt of the revocation.

(Initial)

Student Signature: _____ Date: _____

Party to whom information may be released

Last Name _____ First Name: _____ M.I. _____

Relationship to Student: _____ Current Phone # _____

For Edison Staff Use Only:

I hereby do attest that I have verified the identity of the aforementioned student.

Signature: _____ Date: _____