



Family Educational Rights and Privacy Act (FERPA) Information Release Form

Students wishing to allow another individual(s) access to their records should complete this form. In compliance with the **Family Educational Rights and Privacy Act of 1974**, GRCC requires written authorization to release certain confidential information to any individual(s) other than the student.

Student Information (Please Print)

Name (Last, First, Middle Initial)

GRCC Student ID Number

Authorized Individual(s) (Please Print)

Name (Last, First, Middle Initial)

Name (Last, First, Middle Initial)

I authorize Grand Rapids Community College to release the following information: (check all that apply)

- College Transcripts/Grades/Academic Standing
- Financial Aid Awards and History
- Student Accounts/Billing Information
- Class Attendance
- Student Conduct and Discipline
- Other (please specify) _____

Student Certification

Security Code (Create a Security Code of 3 letters followed by 3 numbers. (Example: HZA639) When the above party contacts GRCC, he/she will be asked for this code. If the party is not able to supply the code, GRCC will not release information.)

Student Signature

Date

- This release shall remain in effect for 3 years from the above date.
- A student may end his/her consent to release information at any time before 3 years (see next page).
- **Student must furnish photo ID at the time of completing and signing. This form must be signed in the presence of GRCC Staff (back of form); if it is not signed in the presence of GRCC Staff, the form must be scanned then emailed to the Student Records office at registrars@grcc.edu from your GRCC student email account.**

Student Athlete Certification

Student Signature

Date

I am a Student Athlete and authorize the release of my College Transcripts, Grades, and Academic Standing for GRCC Athletics compliance (NJCAA).



GRAND RAPIDS COMMUNITY COLLEGE

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GRCC Staff Certification

GRCC Staff Witness Name (Please Print)

GRCC Staff Witness Signature

Date

Revoke Authorization: By my signature, I revoke my prior authorization for GRCC to release my records to the above named third party, effective immediately.

Student Signature

Date