



# 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](mailto: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

# FERPA Information Release Form

## 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