

RELEASE OF STUDENT RECORDS FERPA AUTHORIZATION FORM

TO BE FILLED OUT BY THE STUDENT ONLY.

I, _____ hereby authorize Centralia College to release my educational records, as indicated below:
(Student requesting release, print full name)

Initial on the boxes below to indicate which records you wish to release:

All Financial Aid Records (records include but are not limited to: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).

All Academic/Transcript Records (records include but are not limited to: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records).

All Student Account Records (records include but are not limited to: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records).

Instructor/Classroom Records (records include but are not limited to: attendance records, progress reports, test and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the final grade. FERPA pertains to the release of records. Instructors are not required to have conversations about academic progress with anyone other than the student).

Other (Please specify) _____

The following individual(s) are authorized to access the information indicated above:

PLEASE PRINT FULL NAME

Name _____

Name _____

Relationship _____

Relationship _____

Other (Please specify name/relationship) _____

Although I understand I am not required to release this information, I am giving my consent to Centralia College to disclose these records. I also understand that this release remains in effect from the date it is received by Centralia College until I revoke my consent in writing and deliver it to the Enrollment Services Office at Centralia College.

Please note: *For identity verification, the student requesting the release of records must either sign this form in person at the Enrollment Services Office; or have the signature form notarized by a notary public; or email a copy of a government issued identification along with the form.*

SID# _____

Signature of Student _____ Date _____

OFFICE USE ONLY:

Witnessed and Received by _____ Date _____



ENROLLMENT SERVICES
2nd floor, TransAlta Commons Building
600 Centralia College Blvd, Centralia WA 98531
P: 360.623.8976 | F: 360.330.7112
admissionscc@centralia.edu

Centralia College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All inquiries regarding compliance with access, equal opportunity and/or grievance procedures should be directed to the Vice President of Human Resources and Equity, Centralia College, 600 Centralia College Blvd, Centralia, WA 98531, call 360-623-8943, or email hro@centralia.edu.