



## Authorization to Release Student Record Information

*The Family Educational Rights and Privacy Act of 1974 (FERPA) protects the privacy of individual students by placing certain restrictions on the disclosure of information contained in student educational records. By signing this document you are authorizing Shoreline Community College (SCC) to disclose information from your educational and financial aid records to a specific individual, business or legal office. This release will be kept in your student record*

Please forward this completed form to the Enrollment Services office.

Student's Full Name (Please Print)

Student's Email

Student's ctcLink ID Number

Student's Social Security Number

I give Shoreline Community College permission to release my educational and financial aid records (as noted below) to the individual(s) below. I understand that a written request from me is required to revoke this permission prior to the expiration date indicated.

Full Name

Relationship to Student

Email

Street Address and Apt # (if applicable)

City

State, Zip Code

Phone Number

**Please check the boxes that apply on what information you are giving permission to be released to the individual listed above.**

- ☐ Billing information, including statements, charges, credits, payments, past due amounts, and/or collection activity
- ☐ Grades/GPA, demographic, registration, student ID number, academic progress status, photo image, and/or enrollment information
- ☐ Financial Aid information, including awards, application data, disbursements, eligibility, and/or financial aid satisfactory academic progress status

**This authorization will expire on the student designated date indicated below:**

Month

Day

Year

I give Shoreline Community College permission to release my educational and financial aid records (as noted above) to the individual(s) below. I understand that a written request from me is required to revoke this permission prior to the expiration date indicated.

Student's Signature

Date

Shoreline Community College is committed to nondiscrimination and to providing access and reasonable accommodation in its services, programs, and activities for individuals with disabilities. To request disability accommodation contact Student Accessibility Services, at least ten days in advance at: 206.546.4545, or e-mail at [sas@shoreline.edu](mailto:sas@shoreline.edu).