



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 Completed Form to Enrollment & Financial Aid Services

Date: _____

Student's Name: _____
(please print)

Student ID Number: ____-____-____ **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.

LAST NAME _____

FIRST NAME _____ Initial _____

Relationship to Student _____

Street Address _____

City, State, Zip _____

Phone Number _____ Email _____

Check box(es) that apply:

- 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:

_____ 20____
Month Day Year

I give permission to discuss my educational and financial aid records with the above individual(s). I understand that a written request from me is required to revoke the permission prior to the expiration date indicated above.

Student Signature: _____ **Date:** _____

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