

## **Consent to Release Educational Records**

The Family Educational Rights and Privacy Act (FERPA) of 1974 is Federal law designed to protect the privacy aspects of a student's educational record <a href="www.ed.gov/policy/gen/guid/fpco/ferpa/">www.ed.gov/policy/gen/guid/fpco/ferpa/</a> . It regulates the use and disclosure of personal information in educational records and permits a student to know what material is maintained in those records (for more information, please visit <a href="www.stchas.edu/academics/grades-transcripts-records/">www.stchas.edu/academics/grades-transcripts-records/</a> ).			
I,			
Specifically, I authorize disclosure of the following information or category of information:			
All College Records			
Or please select all that apply:			
Academic Record / Grades / Transcripts Billing / Payment Plans Disciplinary Actions  Financial Aid / Scholarsh Residency Other:			/ Scholarships
This information may be released to:			
First Name	Last Name (Currer	nt Legal)	Relationship
This is to attest that I am the student signing this form. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing sent via your SCC email to <a href="mailto:enrollment@stchas.edu">enrollment@stchas.edu</a> .			
SCC Student ID Las	st Name (Current Legal	) F	irst Name
Student Signature (please type here)			Date
Email completed form to enrollment correspondence with the college. T			•
Office Use Only Processed by:			Term Code: