FEDERAL EDUCATIONAL PRIVACY ACT
CONSENT FORM

Pursuant to the provisions of the Federal Educational Privacy Act (FERPA), 29 CFR Part 99, I, (name of student) ____________________________________, hereby authorize Grand Rapids Community College (GRCC) to release my following educational records:

The purpose of this disclosure is to release these records to (name of authorized party) ___________________________________________ for their review and use on my behalf.

Dated: ________________ Student ID Number: ____________________

_______________________________ _______________________________
Signature of Student Signature of Staff Witness

Subscribed and sworn before me, this ____________ day of _____________________, ________, a Notary Public in and for ___________________________ County, State of ________________

_________________________________
(Signature)
NOTARY PUBLIC
My commission expires ___________________,________