

GRCC Family Educational Rights and Privacy Act (FERPA) Information Release Form

Students wishing to allow another individual(s) access to their records should complete this form. In compliance with the **Family Educational Rights and Privacy Act of 1974**, GRCC requires written authorization to release certain confidential information to any individual(s) other than the student.

Student Information (Please Print)

Last Name: _____ First Name: _____ Middle Initial: _____

GRCC Student ID Number: _____

Authorized Individual(s) (Please Print)

Last Name: _____ First Name: _____ Middle Initial: _____

Last Name: _____ First Name: _____ Middle Initial: _____

I authorize Grand Rapids Community College to release the following information: (check all that apply)

College Transcripts/Grades/Academic Standing

Financial Aid Awards and History

Student Accounts/Billing Information

Class Attendance

Student Conduct and Discipline

Other (please specify) _____

Student Certification

Security Code:

Create a Security Code of 3 letters followed by 3 numbers. (Example: HZA639) When the above party contacts GRCC, he/she will be asked for this code. If the party is not able to supply the code, GRCC will not release information.

Student Signature: _____ Date: _____

- This release shall remain in effect for 3 years from the above date.
- A student may end his/her consent to release information at any time before 3 years (see below).
- **Please print and hand sign this form in the presence of GRCC Staff. If done in person; a student ID must be presented at the time of completion. If it is not signed in the presence of GRCC Staff, the form can be electronically signed and emailed to the Student Records office at studentrecords@grcc.edu from your GRCC student email account. You can also electronically sign and upload this form to the Student Records dropbox labeled "Send files to Student Records", in the Online Student Center under the Academic Records Tile.**

Student Athlete Certification

Student Signature: _____ Date: _____

I am a Student Athlete and authorize the release of my College Transcripts, Grades, and Academic Standing for GRCC Athletics compliance (NJCAA).

GRCC Staff Certification

GRCC Staff Witness Name: _____

GRCC Staff Witness Signature: _____ Date: _____

Revoke Authorization: By my signature, I revoke my prior authorization for GRCC to release my records to the above named third party, effective immediately.

Student Signature: _____ Date: _____

