

Colby Community College
FERPA RELEASE FORM STUDENT CONSENT FOR ACCESS TO EDUCATIONAL RECORDS

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

In accordance with the Family Educational Rights and Privacy Act (FERPA), this form allows students to grant parents, guardians, spouses, and/or others verbal access to their educational records maintained by the Office of the Registrar, Billing Office, and Financial Aid Office. FERPA pertains only to the release of records. It does not give others the right to act on your behalf or to change your records.

All permissions granted will stay in effect until revoked in writing by the student. Completed forms should be submitted to the Office of the Registrar located in the Student Services area of the Student Union or mailed to the Office of the Registrar, Colby Community College, 1255 S. Range Ave, Colby, KS 67701. Faxed copies will not be accepted. Questions concerning this form may be directed to the Office of the Registrar at (785) 460-5509.

I give permission for the following person(s) to have access to my academic records.

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

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

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

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

Please check the following records that may be released:

___ **All Financial Aid Records** (Records include: status of file, award and disbursement of funds information, satisfactory academic progress (SAP) status, income information, and any other information contained in the application or financial aid file.)

___ **All Academic/Transcript Records** (Records include: transcripts, admission and registration information, schedule information, assessment test scores, SAP status, residency information, and any other documentation contained in the academic records.)

___ **All Student Account Records** (Records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records.)

___ **Instructor/Classroom Records** (Records include: attendance, progress reports, test, and homework scores if available. Instructors are not required to have conversations about academic progress with anyone other than the student.)

___ **Other** (Please indicate in detail):

Please Note: Counseling Services, Student Health, and Services for Students with Disabilities records are considered medical records and are not covered under FERPA rules. A separate release form must be obtained from these departments.

Phone Release of Information: Please provide a security question and answer to which only you and the individual listed above would know the answer. When CCC officials receive a telephone call, the actual

identity of the person placing the call cannot be discerned or verified. Accordingly, information will only be released if the individual provides the **exact answer to the question and answer you provide below:**

Question:

Answer:

I understand that 1) I have the right not to consent to the release of my educational records, 2) I have the right to inspect any written records released pursuant to this consent, and 3) I have the right to revoke this consent at any time by delivering a written revocation to the College Registrar.

Student Signature_____Date_____

Educational Record Request

Colby Community College complies with the FERPA. Records are subject to inspection and review by the student. The college has 45 days to respond to individual requests to examine their educational records. Students who would like a file of their academic records must notify the Registrar in writing. Students will be notified with an invoice (75 cents per page), and then the record will be sent to the provided email address.