



AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION

The Family Educational Rights and Privacy Act (FERPA) as amended is a federal law that protects the privacy of a student's educational records. Though FERPA gives parents/legal guardians certain rights with respect to their children's educational records, these rights transfer to the student when the student reaches the age of 18 or attends a postsecondary institution.

Under FERPA regulations, Directory Information, such as address/telephone number, is the information that may be released without a student's consent. If a student does not wish to disclose Directory information, please complete the "Do Not Release Form" found on the myClarkState portal.

Disclosure of non-directory information, however, requires written permission to release to those beyond Clark State College. For example, students often want to have academic and/or financial information released to their parents or spouses. This form allows the student to give the required written permission. When submitting this form in-person to Clark State College, the student must present a valid photo identification card. Electronic submissions can be emailed to records@clarkstate.edu and must be sent via the student's Clark State email account.

Student Legal Name: _____ Student ID Number: _____

By signing this form, I hereby voluntarily authorize officials from Clark State College to disclose personally identifiable information from my education records to the following recipient:

Name: _____ Relationship to student: _____

My voluntary authorization extends to the following categories of records (check each that apply):

- All academic records
 - Holds
 - Final Grades
 - Schedule details
 - Test Scores
 - Unofficial academic transcript
- Financial aid records
- Billing records
- Disciplinary records
- Accommodation services
- Other (specify): _____

The purpose of the disclosure to the above recipient follows:

- Admission to an education institution
- Employment
- Litigation or other legal purposes
- Permit access to records checked above
- Other (specify): _____

I understand and acknowledge that: (1) I have the right to consent to the release of my education records; and (2) this consent shall remain in effect until I revoke this release in writing, and delivered such written revocation to the Clark State Registrar. I acknowledge that any written revocation shall not affect disclosures previously made by Clark State College prior to the Registrar's receipt of my written revocation.

Student's Signature: _____ Date: _____