

## STUDENT FERPA CONSENT FORM FOR ACCESS TO EDUCATION RECORDS

## 2980 Collins Avenue, St. Augustine, FL 32084

The Family Educational Rights and Privacy Act (FERPA), affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form allowing the release of their education records to specified third parties. This form authorizes First Coast Technical College to release education records to third parties; it does not obligate First Coast Technical College to do so. First Coast Technical College reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, reference the First Coast Technical College handbook at <a href="https://fctc.edu/students/handbook/">https://fctc.edu/students/handbook/</a> or visit the U.S. Department of Education's website <a href="https://studentprivacy.ed.gov/ferpa">https://studentprivacy.ed.gov/ferpa</a>.

NAME OF STUDENT:			STUDENT ID:	DATE OF BIRTH:
EDUCATION RECORDS TO BE RELEASED (check all that apply):				
	ACADEMIC INFORMATION (transcript, credit hours enrolled/earned, grades/GPA, class schedule, academic progress, enrollment status, etc.)			
	<b>FINANCIAL AID INFORMATION</b> (awards, application data, disbursements, eligibility, financial aid academic progress status, etc.)			
	<b>STUDENT ACCOUNT INFORMATION</b> (billing statements, charges, credits, payments, past due amounts, collection activity, financial hold, etc.)			
	OTHER (please specify)			
	(i.e. probation, suspension, disciplinary actions, delinquent/default loan, etc.)			
	ALL RECORDS LISTED ABOVE			
	NO RECORDS			
FCTC STAFF WITNESS SIGNATURE:				DATE:
NAME AND ADDRESS OF PERSON(S) TO WHOM EDUCATION RECORDS MAY BE RELEASED:				
Name		Mailing Address		Relationship to Student
Name		Mailing Address		Relationship to Student
DURATION OF RELEASE (FERPA expires after one year unless otherwise noted below):				
LIMITED USE: Expire this authorization at the end of term/year indicated:				
I understand that (1.) I have the right not to consent to the release of my education records, (2.) I have the right to inspect written records released pursuant of this consent, and (3.) I have the right to revoke this consent at any time by delivering a written revocation to the Registrar.				
STUDENT'S SIGNATURE:				DATE:

Instructions for completing this form:

1. The form must be fully completed, signed and dated by the student. Records cannot be released if any section of this form is not complete.

2. Completed form and a copy of the student's photo ID should be submitted upon registration.