



Consent to Release Educational Records

The Family Educational Rights and Privacy Act (FERPA) of 1974 is Federal law designed to protect the privacy aspects of a student’s educational record www.ed.gov/policy/gen/guid/fpco/ferpa/. It regulates the use and disclosure of personal information in educational records and permits a student to know what material is maintained in those records (for more information, please visit www.stchas.edu/academics/grades-transcripts-records/).

I, _____, hereby voluntarily authorize officials in the St. Charles Community College (SCC) to disclose personally identifiable information from my educational records.

Specifically, I authorize disclosure of the following information or category of information:

All College Records

Or please select all that apply:

Academic Record / Grades / Transcripts
Billing / Payment Plans
Disciplinary Actions

Financial Aid / Scholarships
Residency
Other: _____

This information may be released to:

First Name	Last Name (Current Legal)	Relationship

This is to attest that I am the student signing this form. I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing sent via your SCC email to enrollment@stchas.edu.

SCC Student ID Last Name (Current Legal) First Name

Student Signature (please type here) Date

Email completed form to enrollment@stchas.edu. Please remember to use your SCC email for all correspondence with the college. The form will not be processed if not sent via your SCC account.

Office Use Only
Processed by: _____ Term Code: _____