



Family Educational Rights & Privacy Act of 1974 (FERPA) Release Form

Date: _____

Photo ID Viewed _____

If the student is submitting this request in person, he/she must present a photo ID. If the student is not in person, a photo ID can be faxed with the notary section of this form completed.

Student Name: _____ Student ID: _____

Cell Phone Number: _____ Email Address: _____

Full or limited access does not give authority to make changes to the student's educational record. This authorization will remain continuously in effect for a maximum of one year, unless the authorization is withdrawn in writing. Please check the appropriate boxes below.

- FULL ACCESS to educational records maintained by Admissions & Records office (including Financial Aid and Billing records).
Or
LIMITED ACCESS - Only the following specific information or records may be released. (Mark all that apply)
Only my Trinidad State Junior. College transcript may be released.
One-time use only. This authorization can be used only once.
Limited use authorization expires on:
Other - Please describe

Name of individuals or Agency/Company that may access my records:

For in-person releases, the designated person(s) must produce a valid government-issued photo ID to verify their identity. If unable to verify identity of an individual, a telephone password can be established to allow release over the phone; the designated person(s) may produce the Password* to obtain education record information.

OPTIONAL: Telephone Password*: _____ This information will only be used to confirm the identity of the third party authorized to access your student information.

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the College office or person who maintains the records of the authorization. This authorization is good for 1 calendar year from the date I sign this release, unless noted differently above, and photocopies of this release form may be accepted, when presented in person with appropriate identification.

Electronic Information Exchange: I authorize use of email and/or other electronic devices by Trinidad State for exchange of information with me. I understand that there are no security features in place to assure confidentiality.

Student Signature _____ Date _____ Witness Signature _____ Date _____

Notary Section - If this form is faxed, scanned, or mailed, it must be notarized.

County & State of _____

Sworn and subscribed before me this _____ day of _____

My Commission expires _____

STAMP

Notary Signature _____

Staff Use Only:

Signature of TSJC Staff: _____ Phone _____ Date _____ Expiration Date: _____