



Family Educational Rights and Privacy Act (FERPA) Release/Revocation Form

The Family Educational Rights and Privacy Act (FERPA) is a Federal Law that protects the privacy of student education records, including financial, academic and/or advising records. For the student's protection, FERPA limits release of student record information without the student's explicit written consent. However, FERPA also gives the student's parent(s)/guardian(s) the right to review those records if the parent(s)/guardian(s) claim the student as a dependent on their Federal Income Tax Return, and apply for the privilege each year at Washington State Community College.

Instructions: Students **MUST** return this form to the Records Office. The student must sign in the presence of a Washington State Community College employee with a picture ID to be valid. The Records Office is located in the Main Building at 710 Colegate Drive.

Student Disclosure and Release Information

Student Name (Please Print)

WSCC Student ID Number (Required)

I understand that any and all personally identifiable information concerning my student education records is protected under FERPA. I further understand that I may waive that protection and give access of my records to individuals of choice. This release allows the individual(s) named below to gain access to student education records in the following offices: Business Office, Records Office, Student Services, and individual Department offices.

By submitting this form, I agree to waive my rights under FERPA, and all the person(s) named below to receive access to my student education records.

Full Name of Individual/Function
(i.e. Guidance Office, Human Resources)

Organization Affiliation
(i.e. Jones High School, U Bank)

Relationship to Student
(i.e. Father, Employer)

STOP! THE SIGNATURE SECTION MUST BE COMPLETED IN THE PRESENCE OF A WASHINGTON STATE COMMUNITY COLLEGE EMPLOYEE WITH A PICTURE ID TO BE VALID.

By signing this release, I authorize Washington State Community College to release any student education record to the person(s) listed above. Access granted to student education records via this form remains in effect until officially revoked by the student. I understand that I can revoke this access at any time by retrieving this document from the Records Office and completing the Revocation of the Release section below the dotted line.

Student Signature (Required)

Date

Office use only: Entered into Colleague by _____ Date _____

Revocation of the Release of Financial and/or Academic Information

I acknowledge that by signature below, I no longer waive my rights under FERPA and I am withdrawing my permission to release any student education records to those individuals identified on this document. I further understand that if I wish to grant access to my records that a new release form will need to be submitted.

Student Signature (Required)

Date

Office use only: Entered into Colleague by _____ Date _____