Release of Student Information – Everett Community College

TO BE SUBMITTED ONLY BY STUDENT
either by Fax, mail or In-Person

Request to Disclose Additional Information
Pre-authorization for (Emergency) Release of Student Record Information

Everett Community College, in compliance with the federal Family Educational Rights and Privacy Act, limits the amount and type of information that can be shared with persons other than the student. If you wish the Enrollment Services Office to maintain a list of people who may have access to your entire student record, you may use this form. You may list family members, scholarship or funding agencies, but not a place of employment, unless you list a person’s name. (For example: John Smith, not HR Director) Release may include the release of grades, class schedule, address, phone number, financial records, etc. Information may be released in an emergency, or by regular request. We will release information after the requestor provides proper identification.

☐ Yes, I authorize the release of information in my student record to:

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>□ All</th>
<th>□ Class Schedule</th>
<th>□ Address &amp; Phone</th>
<th>□ Financial records</th>
<th>□ Correspondence</th>
<th>□ Test Scores</th>
<th>□ Transcript</th>
<th>□ Class Attendance</th>
<th>□ Recommendation</th>
<th>□ Current Grades</th>
<th>□ Other</th>
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Print Your Name: ______________________________________  Signature: __________________________  Date of your signature: ________________

Student ID Number: ____________________  Phone Number: ____________________  This release is in effect until: (Date): ________________

Request for Non-disclosure

If you do not wish any information about your enrollment to be disclosed by the College, please complete the following:

Your Name: ___________________________  Student ID Number: ____________________  Today’s Date: ________________

By signing your name, you confirm that you do not want your student information disclosed (except to any persons listed above):

Your signature: ___________________________

This request must be co-signed by an Enrollment Services Staff member: ___________________________

To change your request at a later date, you must submit another form.