Release of Student Information

STUDENT INFORMATION

Student First Name ______________________________ Student Middle Name ________________________
Student Last Name ______________________________ Student I.D. number _________________________
Student Email Address ___________________________ Student Phone Number ______________________

Request to Disclose Additional Information

Everett Community College, in compliance with the federal Family Educational Rights and Privacy Act (FERPA), limits the amount and type of information that can be shared with person other than the student. Use this form if you wish the Enrollment Services office to maintain a list of people who may have access to your entire or partial student record. You may list family members, scholarship or funding agencies, but not a place of employment, unless you list a person’s name (Correct example: John Smith. Incorrect example: Case Manager). 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 (state issued picture ID) or to the email provided on this form.

This request has to be submitted by the student in person to the Enrollment Services office, or via fax 425-388-9173, or online at www.everettcc.edu/StudentForms (submitted from the email listed on the student record or from EvCC student email).

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

☐ via email ___________________________________________ ☐ in person (after checking their picture ID)

authorized recipient(s) email address

Person you are authorizing ________________________ Relationship to you _________________________

Person you are authorizing ________________________ Relationship to you _________________________

What information are you authorizing us to release (select at least one):

☐ All ☐ Class Schedule ☐ Address & Phone ☐ Financial records ☐ Correspondence
☐ Transcript ☐ Test Scores ☐ Class Attendance ☐ Recommendation ☐ Current Grades
☐ Other ____________________________

By signing this release, you understand and confirm that your student information may be disclosed to the person(s) listed above.

This release is in effect until (date): _____________________________________________________________________

Today’s Date ________________________________________ Student Signature ______________________________

Everett Community College does not discriminate based on, but not limited to, race, color, national origin, citizenship, ethnicity, language, culture, age, sex, gender identity or expression, sexual orientation, pregnancy or parental status, marital status, actual or perceived disability, use of service animal, economic status, military or veteran status, spirituality or religion, or genetic information.