

Enrollment Services

STUDENT INFORMATION

Student First Name _____ Student Middle Name _____

Student Last Name _____ ctcLink ID 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). 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 or via phone with the password.

This request must be fully completed and 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). Please select all options that apply below.

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

Person you are authorizing: _____ Relationship to you: _____

Person you are authorizing: _____ Relationship to you: _____

 in person (after checking their picture ID) **via email** at _____ OR _____
authorized recipient(s) email address **via phone** at _____ with the Authorization Password _____
Limit the password to one word. The authorized person(s) will be expected to know the password.

Select the type of information you are 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 will be disclosed to the person(s) listed above.

This release is **in effect until** (date in MM/DD/YYYY format): _____

Today's Date _____ Student Signature _____