

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:

_____ All Class Schedule Address & Phone Financial records Correspondence
 Name Relationship Test Scores Transcript Class Attendance Recommendation Current Grades
 Other _____

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 Other _____

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: _____