



Photo ID viewed _____ Employee _____

Date received _____

Revoked Authorizations - Write the word REVOKE in permanent black marker on the front of the form.

Authorization for Release of Records

If the student is submitting this request in person, a photo ID must be presented. If the student is not in person, this form may be sent through his/her email on record with EGTC, faxed, scanned or mailed with a copy of a valid photo ID.

Student Name (last, first, middle): _____

Student ID: _____ Phone Number: _____ Term: _____

Is this release for the purpose of releasing or sharing Academic Information or Financial Information? _____

Will this information be: provided to/picked up by student, or provided directly from EGTC to third party

If to third party, will it be via: phone fax mail email.

I understand that my listed email is the official means of communication for EGTC. I am responsible for checking my email for updates.

- This authorization does not give anyone else authority to make changes to the student's educational record
• This authorization is for Full Access unless Limited Access is selected.

Please complete the appropriate section(s) below:

The type of information that is to be released under this consent is (check one or more boxes below to grant authorization):

- Financial Aid Information (Financial Aid awards, application data, disbursements, eligibility, collection agent or processor)
 Treasurer Information (tuition & fees, financial holds, mailing & billing address, payment plans, collections & debt information)
 Academic Records Information (courses, grades, GPA, attendance, academic progress, conduct, transfer credit, certificates awarded)
 Registration (student ID number, current enrollment, dates of enrollment, enrollment status, and mailing address information)
 All Records
 Other (please specify): _____

Third Party Designee

Recipient Name: _____ Organization/School: _____

Address: _____

Contact Number: _____ Email Address _____

Relationship: _____

Check to request limited access only: If full access to records is not desired, specify details here (Ex. Single pick-up of transcript, final grades for 1 term only, etc.) _____

Authentication

When the party named above contacts Emily Griffith Technical College, he/she will be asked to authenticate his/her identity by providing a special identifier code. You, the student, should create this identifier and provide it to your third party contact listed on this form. Do not choose an identifier that could easily be guessed. If your third party contact is not able to correctly provide the five digit identifier, or is not listed on this form, Emily Griffith Technical College will not release any information from your record. If you forget or misplace your five digit identifier, Emily Griffith Technical College can only provide it to you by sending it to your email address on file, upon request.

Identifier Code (The identifier must include 5 digits): _____

Authorization

In accordance with the Family Educational Rights and Privacy Act of 1974, Emily Griffith Technical College will only disclose confidential information from the education records of students to parents or other third parties provided the College has written consent from the student on file. Please sign below and return to the Welcome Desk if you consent for the College to release your education records to your parents or any other third party. Please note that this authorization to release information has no expiration date, unless specifically revoked by the student. Photocopies of this release form may be accepted, when presented in person with appropriate identification. If you are asking that information from your educational record be shared with a 3rd party, our institution cannot be held liable for the redistribution or disclosure of such information.

By signing below, I consent that Emily Griffith Technical College may disclose and discuss confidential information from my education record with the individuals listed above in reference to the purpose of release:

Student Signature: _____ Date: _____

Revoke Authorization (To revoke a prior Authorization to Release only) By signing below, I hereby revoke any prior authorization for EGTC to disclose my education information with the individuals listed above, effective immediately.

Student Signature: _____ Date: _____

FERPA BASIC INFORMATION

WHAT IS FERPA?

The Family Educational Rights and Privacy Act of 1974 (see <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>) helps protect the privacy of student education records. The Act provides eligible students the right to inspect and review education records, the right to seek to amend those records and to limit disclosure of information from the records. The intent of the legislation is to protect the rights of students and to ensure the privacy and accuracy of education records.

WHO IS PROTECTED UNDER FERPA?

FERPA protects the education records of students who are currently enrolled at Emily Griffith Technical College regardless of their age.

WHY SHOULD I SIGN THIS FORM?

If you sign this form, the person or organization you have given access to will be able to discuss your records or student accounts with representatives of the Emily Griffith Technical College (EGTC) without providing your written consent each time.

DOES EVERYONE NEED TO SIGN THIS FORM?

No. Students should only sign this form if they want to give someone outside the college access to their educational records.

WHAT INFORMATION DOES EMILY GRIFFITH TECHNICAL COLLEGE CONSIDER DIRECTORY INFORMATION?

Your name and current enrollment status at EGTC are considered public information. EGTC will respond to inquiries in this regard, whether they are made in person, by phone, or in writing. You can prevent disclosure of this information by filing a Request to Opt out of Directory Information available at the Welcome Desk by the first day of the semester. The following items may appear in College publications or be disclosed by staff to anyone inquiring in person, by phone, or in writing: student name, address, telephone number, major field of study, participation in officially recognized activities and sports, dates of attendance, certificates and awards received, most recent previous educational institution or agency attended, and current enrollment status. Your name may be released for graduation lists, special awards, honors, and events to the news media. In accordance with the Solomon Amendment, the College must also provide your name, address, phone number, date and place of birth, level of education, most recently attended college, field of study, and degree(s) received to military recruiters. Other information contained in your records is considered private and not open to the public without your written consent.