



SNEAD STATE

COMMUNITY COLLEGE

FERPA CONSENT

The Family Educational Rights and Privacy Act (FERPA) of 1974 ensures students have the right to privacy and confidentiality with respect to their educational records. With a student's written consent, the Director of Admissions (or designee) may disclose any information on file from the student's education records to any individual or agency named by the student. This form is provided as a means for students to give the Director of Admissions (or designee) permission to disclose their education records with someone other than themselves (i.e., with a parent, guardian, employer, etc.). Written consent will be kept permanently on file, and the Office of Admissions will release information from the student's education records to those person(s)/agencies who have been designated on this form. If for any reason a student decides to cancel this release, he/she must submit a letter withdrawing the consent, indicate the person(s) affected, and send or deliver the written notice to:

Director of Admissions, Office 227 of the McCain Center, or by email to Admissions@snead.edu.

For the purposes of this Consent, a student's academic record shall consist of grades, attendance records, transfer information, disciplinary records, financial aid information, academic transcript, and documentation related to academic standing. Information released from your academic records pursuant to this Consent may be used for academic transfer, employment and/or _____ purposes.

I HEREBY AUTHORIZE THE DIRECTOR OF ADMISSIONS (OR DESIGNEE) TO RELEASE INFORMATION REGARDING MY ACADEMIC RECORD TO THE PERSON(S) WHOSE NAME(S) APPEAR BELOW:

DISCLOSE TO: Name (PRINT): _____ RELATIONSHIP TO STUDENT: _____

DISCLOSE TO: Name (PRINT): _____ RELATIONSHIP TO STUDENT: _____

If any disclosure authorized above is for an employer or other agency, provide the name and contact information for the authorized recipient at that agency:

Name (Print) _____ Title _____

Address: _____

Email Address: _____ Phone Number: _____

STUDENT'S NAME (PRINT)

STUDENT ID

STUDENT'S SIGNATURE

DATE

WITNESS TO STUDENT SIGNATURE

DATE