CITY COLLEGES of CHICAGO
Education that Works

PRINT FORM

CLEAR FORM

STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS CITY COLLEGES OF CHICAGO

First Name	Last Name	Student ID:	College	Date:
			Daley	

The Family Educational Rights and Privacy Act (FERPA) provides certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar allowing the release of their education records to specified third parties. Please note: this form authorizes City Colleges of Chicago to release education records to third parties, but does not obligate City Colleges of Chicago to do so. City Colleges of Chicago reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the US Department of Education's website at http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

Instructions for completing this form:

1. The form must be fully completed and signed by the student in person at the Office of the Registrar with proper identification. Records cannot be released if any Section of this form is not filled out entirely.
2. Persons who receive access to student records must provide appropriate identification in person and provide the password associated with this release of records. Privacy regulations prohibit the release of certain information on the telephone.
3. To revoke a prior approval, complete and sign the Revocation sections at the bottom of this page.

SECTION A. Education records to be released (check all that apply):

☐ Academic Information (grades/GPA, registration, student ID number, academic progress, enrollment status)

☐ Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress status)

☐ Loan Information (University-maintained loan disbursements, billing and repayment history [including credit reporting history])

☐ Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity)

☐ All Records Listed Above

SECTION B. Person to whom access to education records may be provided:

_____

Name of person to whom your records may be released (note: use an additional form for each person granted release)

Password for access to records (6 alpha-numeric characters, must not include any part of SSN or DOB)

_____

Relationship to Student

SECTION C. Duration of release (check one):

☐ One-time use: This authorization can be used only once

☐ Term-based: This authorization is active only for the current academic term: _____

☐ Open-ended: This authorization is active until revoked in writing and in-person.

Authorization and Signature (required for all submitted forms):

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this Consent, and (3) If selected, my choice to revoke this consent via this form will be applicable to all offices of the City Colleges of Chicago.

_____ _____

Student's Signature Date Signature of Parent or Guardian (if under 18) (Date)

Revocation (complete only if removing access):

☐ I choose to revoke a previously granted Consent to Access of Student Records for the individual listed in Section B effective the date signed here. Signature:_____ Date:_____

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

Rev: July 2014