

FERPA RELEASE FORM

Mailing Address:
Office of Records & Registration
2901 Liberty Heights Avenue
Baltimore, MD 21215
410.462.7777 office 410.462.8523 fax
www.bccc.edu

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

In accordance with FERPA, it is BCCC's policy to withhold certain educational records unless the student provides consent to disclose information. The purpose of this form is to provide the consent to BCCC required by FERPA.

I, the undersigned, hereby authorize the Baltimore City Community College to release /discuss the specified educational records and information:

| Educational Records and Information [Please check all that apply] | To [Please print name] | Relationship [Please print relationship] |
|---|----------------------------------|--|
| <input type="checkbox"/> Review of all Educational Records | | |
| <input type="checkbox"/> Grades for the academic year | | |
| <input type="checkbox"/> Billing, Payments, Student Account Records | | |
| <input type="checkbox"/> Official Transfer Credit Evaluation | | |
| <input type="checkbox"/> Other: | | |

For the purpose of:

- Handling my educational concerns
- Other: _____

This release does not permit the disclosure of these records to any other persons or entities without my written consent or as permitted by law. This release form is effective _____ to _____.
Month/Day/Year Month/Day/Year

Student's Signature Date

Student's Name (Please Print)

Signature of Authorized Person (if the student is under the age of 18)

Student Identification #

Note:

Student: Request must include valid photo ID of student making request.

Authorized Person: Must submit a valid photo ID upon release/ discussion of specified educational records and information.