



Family Educational Rights and Privacy Act (FERPA)
Consent to Release Student Information

Please return this form to Enrollment Services at any campus.

Student Name: Student S#:

I hereby authorize PPCC to release any of the information initialed below to the following person or agency:

Name: Agency:

Address:

Number & Street City State Zip

All Educational related records at PPCC OR Only the initialed items below Student Initials

Table with 4 columns: Student Initials, Admission Application, Transcript, Grade(s) Information, GPA, Class Schedule, Enrollment Status w/dates, Account Balance/Payments, Police Reports, Registration/Transcript Holds, Disciplinary Sanctions, Financial Aid Information, Veteran Affairs, Other/Please describe.

I assign the listed four-digit PIN for my information to be accessed through email or on the phone by the party listed above. If no PIN is assigned, I understand the party listed above must come in person with a government issued picture ID.

PIN:

This authorization is considered valid until the date listed (a date must be provided or the release and PIN, if given, will expire at the end of the current semester). DATE:

Student Signature: Date:

**Student must present a picture ID and sign this form in the presence of an official college employee.

PPCC Official Name: (Print) Signature: Date:

This form may also be signed in front of a notary and must be stamped/signed accordingly if travel to PPCC is not possible.

Signature of Notary if applicable: Date: