



Family Educational Rights and Privacy Act of 1974 (FERPA) Release Form

Student's Full Name: _____ "S"Number: _____

The student must sign this form in the presence of the TSJC employee where the form is submitted.

PICTURE ID IS REQUIRED WITH THIS FORM: If mailed or faxed, an enlarged photocopy of ID with a signature is required.

FERPA provides for the confidentiality of student education records. Trinidad State Junior College may neither disclose certain educational information concerning the students nor permit inspection of their education records without the permission of the student unless such actions are covered by certain exceptions as stipulated in FERPA. I hereby grant permission to the officials of Trinidad State Junior College to provide copies of written records, permit inspection and review of the contents of my education records and/or to discuss my academic performance with the following person(s):

PLEASE PRINT CLEARLY

(P = Parent, G = Guardian, S = Spouse, O = Other)

____ Release to ____ Cancel _____ Relationship (*Circle One*): P G S O

____ Release to ____ Cancel _____ Relationship (*Circle One*): P G S O

____ Release to ____ Cancel _____ Relationship (*Circle One*): P G S O

____ Release to ____ Cancel _____ Relationship (*Circle One*): P G S O

____ ALL RECORDS

____ **Accounting** - Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections information and debt information.

____ **Admission** - Includes date of application, program selected, documents received, documents pending, date of admission, admission status and conditions of admission.

____ **Registration** - Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.

____ **Academic Records** - Includes courses taken, grades received, GPA, academic progress, honors, transfer credit award and degrees awarded.

____ **Financial Aid** - Includes all general financial aid information.

Purpose of Release: _____

This authorization is valid for one year unless canceled prior to this date. This student may cancel this release at any time by submitting another FERPA Release Form to the Trinidad State Admissions Office in Berg 201.

Mailing address: _____ City, State, Zip: _____

Student signature: _____ Date: _____

Verified by: _____ Date: _____

This request is made in compliance with the FERPA (20 U.S.C.A. Sec. 1232G).