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FERPA RELEASE

Family Educational Rights and Privacy Act

Student Name: _____ Student Banner ID#: _____

Address: _____

I authorize (name) _____ to disclose my educational records to the persons I have identified below for the purpose of supporting my academic progress and/or coordination of disability services. I have initialed below the categories of information that may be disclosed.

- _____ Educational
- _____ Financial
- _____ Financial Aid
- _____ Disability Services
- _____ Career/Vocational
- _____ Other: (please specify) _____

You may release these records and information to:

- Parents/Guardian name(s): _____
- Department of Bureau of Rehabilitation Services: _____
- Another College: Name: _____
- High School: Name: _____
- Other: (specify) _____

I understand further that: (1) I have the right not to consent to the release of my education records; and (2) that this consent shall remain in effect until revoked by me, in writing but that any such revocation shall not affect disclosures made by Asnuntuck Community College prior to the receipt of any such written revocation.

Student's Signature

Date

NOTE: This document, when completed by the student, authorizes, but does not require, the College to disclose personally identifiable information pertaining to the student that is maintained in College records. The College reserves its right under federal law to decline to disclose such information when, in the exercise of the College's judgment, it determines it is not appropriate to disclose such information.