

ALVIN COMMUNITY COLLEGE FERPA Release Form

(Form must be completed with Dual Credit Advisor)

Student Name	Social Security Number		
Alvin Community College is required to follow the guidelines set forth in the Family Educational Rights and Privacy Act (FERPA). This act mandates that we safeguard and maintain the privacy and confidentiality of all student records. If you have a person or organization to who you want non-directory information released, you must complete this form. In the event you wish to cancel this release, you must do so in writing with the Registrar=s Office. Alvin Community College will not be responsible for disclosure of information made before written cancellation is received by the Registrar=s Office. By completing the list and signing below, you give us permission to discuss your student records with someone other than yourself (i.e. spouse, parent, organization). Proof of ID will be required from you when submitting this form. Proof of ID will also be required from the individual(s) to whom access has been granted when requesting information about you. Request of information about you can only be made in person. No information will be disclosed over the phone.			
		I hereby authorize Alvin Community Colle officials to release non-directory information	ege, Registrar=s Office and other pertinent college on about me to the person(s) listed below:
		Name of Individual or Organization	Relationship
Disclosure of 'non-directory' information allowed Attendance in course(s) Grades in course(s) Teacher ratings/observation in course(s)	ed as marked below: (check all that apply)		
Extracurricular Activities/ProjectsScores on placement test(s)			
□ Interest Inventory results	rs, scholarships, loans)		
□ Business Office transactions (tuition/fees ba	alance, financial student restrictions)		
Student=s Signature	Date		
FOR DUAL CREDIT STUDENTS ONLY: Cor	nplete Form in person with your Dual Credit Advisor		