

**For Office Use Only**

Photo ID or DL #: \_\_\_\_\_

Indicator Date: \_\_\_\_\_

Initials: \_\_\_\_\_

# STUDENT RELEASE OF RECORDS FERPA AUTHORIZATION FORM (Family Educational Rights and Privacy Act)

**FERPA pertains to the release of records only. It does not give others the right to act on your behalf or change your records.**

TO BE FILLED OUT BY THE STUDENT ONLY.

I, \_\_\_\_\_ hereby authorize Lee College to release my educational records, as indicated below, for the purpose of \_\_\_\_\_ (i.e. providing access to parent or spouse, scholarship application, reimbursement from employer or other agency, etc.).  
(Print Full Name)

*Initial on the lines below to indicate which records you wish to make available:*

\_\_\_\_\_ **All Records Listed Below**

\_\_\_\_\_ **All Student Account Records** (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records).

\_\_\_\_\_ **All Academic/Transcript Records** (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records).

\_\_\_\_\_ **All Financial Aid Records** (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).

\_\_\_\_\_ **All Disciplinary Records**

\_\_\_\_\_ **Other** (Please Specify) \_\_\_\_\_

\_\_\_\_\_ **Cancel Previous Release**

**Please note: Counseling Center and Services for Students with Disabilities records are considered medical records and are not covered under FERPA rules. A separate release form must be obtained for this information.**

The following individual(s) are authorized to access the information indicated above:

PLEASE PRINT FULL NAME

Spouse \_\_\_\_\_ Mother/Stepmother \_\_\_\_\_

Agency \_\_\_\_\_ Father/Stepfather \_\_\_\_\_

Other (Specify name and relationship) \_\_\_\_\_

This is to attest that I am the student signing this form. I am authorizing Lee College to disclose these records. This authorization is valid until canceled. This authorization may be revoked at any time by submitting another FERPA form to the Lee College Records and Admissions Office.

**\*\*\* PLEASE NOTE: A picture ID is required with this form \*\*\***

Student ID # \_\_\_\_\_ Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_