



CONSENT TO RELEASE EDUCATION RECORDS

(Please Print)

Student's Name: _____ ID#: _____
Last First Middle

The **Family Educational Rights and Privacy Act** (FERPA or Buckley Amendment of 1974) grants students a right to privacy of their educational records. You may view the Family Educational Rights and Privacy Act information at the following web address:
<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

If you permit Lake Erie College to release your educational records to your parents/guardians and want your parents/guardians to have the ability to discuss your academic performance with Lake Erie College professors or administration, you need to complete and sign this release form. Releasing education records is a private matter that needs to be discussed between you and your family. This release is not mandatory and does not include disciplinary or medical records. You will also have the option to revoke this permission at any time. If you do not want anyone to have access to these educational records, simply do not complete this release form.

Instructions:

In the table below, clearly 1) designate those whom you want to give password protected access, 2) designate which information can be shared by placing each applicable letter in the 'Release' box, and 3) sign and date below. Use back if necessary for further explanation.

Letter	Information to Release
A	Academic Record
B	Grades
C	Class attendance
D	Academic status (i.e. on academic probation, off academic probation, academic dismissal, warning, etc.)
E	Student financial account information
F	Financial aid information
G	Housing information
H	Student Success Center Information

PLEASE CLEARLY PRINT IN TABLE

Full Name(s) and Relationship To You	Address	Phone Number(s): Residence and/or Cell	Password:	Release: Input Letter(s)
				_____ _____
				_____ _____

This release shall be in effect during my enrollment at Lake Erie College until and unless a written revocation is supplied to the Lake Erie College Registrar's Office. In lieu of a signed written statement, the revocation on the back of this form may be completed. If revoked, I agree that Lake Erie College may notify the person(s) listed above of the revocation.

Signature of Student

Date

Lake Erie College Witness Signature

Date



REVOCATION OF RELEASE

I, _____ herein revoke the release of educational records and information

granted to _____, on _____, 200____.
(clearly designate to whom the revocation applies)

Signed: _____

Date: _____

Also, please note that Lake Erie College may send notice to the person(s) to whom this revocation applies.

Note any additional or clarifying information here:

For office use only below this line:

Date entered: _____

Date revoked: _____

Date of notification to person(s) of revocation: _____