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# LAKE ERIE

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## COLLEGE

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440.375.7010  
registrar@lec.edu

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### FERPA RELEASE

Student's Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Last First Middle

The **Family Education Rights and Privacy Act** (FERPA or Buckley Amendment of 1974) grants students a right to privacy of their educational records. You may view the FERPA information at the following web address: <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

By signing this form, you permit Lake Erie College to release your educational records to those specified below and grant them the ability to discuss your academic performance with Lake Erie College professors and/or administration. 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 have the option to revoke this permission at any time.

Below, clearly 1) designate those whom you want to give password protected access, 2) designate which information can be shared by checking the boxes, and 3) sign and date below with a LEC Witness. View back of form for additional information.

1) Full Name(s) and Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Password: \_\_\_\_\_

2)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Academic Record  | <input type="checkbox"/> Academic status (i.e.: on/off academic probation, academic dismissal, warning, etc.) | <input type="checkbox"/> Financial aid information          |
| <input type="checkbox"/> Grades           | <input type="checkbox"/> Student financial account information  | <input type="checkbox"/> Housing information                |
| <input type="checkbox"/> Class attendance |   | <input type="checkbox"/> Student Success Center information |

3) 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.

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Signature of Student and Date

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Lake Erie College Witness Signature and Date



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### REVOCATION OF RELEASE

I, \_\_\_\_\_ herein revoke the release of educational records and information granted to  
\_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_\_.

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Signature and Date

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:

Date entered: \_\_\_\_\_

Date of notification to person(s) of revocation: \_\_\_\_\_

Date revoked: \_\_\_\_\_