## Colby Community College FERPA RELEASE FORM STUDENT CONSENT FOR ACCESS TO EDUCATIONAL RECORDS

Last Name:

First Name:

Middle Initial:

Student ID#

In accordance with the Family Educational Rights and Privacy Act (FERPA), this form allows students to grant parents, guardians, spouses, and/or others verbal access to their educational records maintained by the Office of the Registrar, Billing Office, and Financial Aid Office. FERPA pertains only to the release of records. It does not give others the right to act on your behalf or to change your records.

All permissions granted will stay in effect until revoked in writing by the student. Completed forms should be submitted to the Office of the Registrar located in the Student Services area of the Student Union or mailed to the Office of the Registrar, Colby Community College, 1255 S. Range Ave, Colby, KS 67701. Faxed copies will not be accepted. Questions concerning this form may be directed to the Office of the Registrar at (785) 460-5509.

I give permission for the following person(s) to have access to my academic records.

Last Name:	First Name:	Middle Initial:
Last Name:	First Name:	Middle Initial:

Last Name:

**Phone Release of Information:** Please provide a security question and answer to which only you and the individual listed above would know the answer. When CCC officials receive a telephone call, the actual identity of the person placing the call cannot be discerned or verified. Accordingly, information will only be released if the individual provides the **exact answer to the question and answer you provide below:** 

## **Question:**

## Answer:

I understand that 1) I have the right not to consent to the release of my educational records, 2) I have the right to inspect any written records released pursuant to this consent, and 3) I have the right to revoke this consent at any time by delivering a