

AUTHORIZATION FOR ACCESS TO EDUCATION RECORDS

Student Name (print): _____

S#: _____ Phone#: _____

Email: _____@student.cccs.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

If a student is submitting this request in person, they must present a valid photo ID.

If the student is not in person, a photo I.D. can be faxed with the notary section of this form completed.

Full or limited access does not give authority to make changes to the student's educational record. This authorization will remain continuously in effect unless the authorization is written is withdrawn in writing or noted below.

Please check the appropriate boxes below:

FULL ACCESS to educational and financial records maintained by Enrollment Services (you can check more than one box)

☐ Office of Registration & Records

☐ Financial Aid Information

OR

Only for Office of Registration & Records

LIMITED ACCESS- Only the following specific information may be released (You can check more than one box)

☐ Community College of Denver transcript may be released

☐ Limited use authorization expires on: _____

Purpose of the authorization for release of information:

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I, the student, authorize the following individual(s) access to my educational and financial records with the security passphrase given below:

Print Name: _____

Relationship: _____

Phone Number: _____

Security Passphrase (required): _____

The above authorized person MUST provide this security passphrase and the student's S# before any confidential information will be discussed.

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 (FERPA) and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the College office or person who maintain the records or authorization. This authorization is indefinite from the date I sign this release, unless noted differently above, and photocopies of this release form may be accepted, when present in person with appropriate identification. The person and/or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release.

Student Signature: _____

Date: _____

NOTARY SECTION: (Notary seal must be visible on the copy)

Do not complete this section unless you are faxing, scanning, or mailing this form.

Subscribed and sworn before me on this, the _____ day of _____, 20____ in the Country of _____, State of _____.

My commission expires on _____, 20_____.

Notary Name (Print): _____

Notary Signature: _____