

Office of the Registrar Authorization to Disclose Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 is designed to protect the privacy of educational records, to establish the rights of students to inspect and review the educational record, and provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Jackson College's procedures for complying with the provisions of the Act can be found on the College's web site under JC Administrative Policies. In accordance with FERPA, Jackson College may not discuss a student's academic and/or financial information with their parents, spouses, or guardian of the student. Jackson College will not let anyone other than the student conduct business on the behalf of the student. By signing this form, you are authorizing Jackson College to waive this right under FERPA and allow the College to disclose information from your educational record. **Incomplete forms will not be accepted.**

Student Information:

Print Name______Required: JC Student Number _____

*Disclosure Options: (Please check one box only)



Option 1: Full Disclosure

By choosing this option you are authorizing JC to release any and all information from your educational record to the individual(s) or organization(s) identified below.

Option 2: Partial Disclosure

By choosing this option you are authorizing JC to release only the information identified below from your educational record to the individual(s) or organization(s) identified below. If this option is selected and no information is specified below, the release is invalid and no information will be released.

Required:

Specify the information you want to release (for example: balance owed to JC, grades, grade in a specific class, etc.)

Authorized Individual(s) or Organization(s)

List the individual(s) or organization(s) you are authorizing JC to release information to:

Print Name Clearly

Print Name Clearly

Required: Four Digit Pin *____

*Create your own four digit pin number (any four numbers). The authorized individuals must provide this number when requesting information.

Optional: Termination Date: _____

Student Authorization

I have read this document and fully understand the contents. This document authorizes JC to release information from my educational record, as specified above, to the individual(s) listed above and is effective upon submission. Unless I have entered a termination date below this authorization will remain in effect until I submit a written notice terminating this consent to the office of the Registrar.

Student Signature		Date
Offic	ce Use Only:	
	Date Received:	Received By:

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