

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:		
Prin	t NameRe	equired: JC Student Number
*Dis	closure Options: (Please check one box only	r)
	Option 1: Full Disclosure By choosing this option you are authorize individual(s) or organization(s) identified	ing JC to release any and all information from your educational record to the delow.
		ing JC to release only the information identified below from your educational n(s) identified below. If this option is selected and no information is nd no information will be released.
	Required: Specify the information you want to release	ase (for example: balance owed to JC, grades, grade in a specific class, etc.)
	horized Individual(s) or Organizati he individual(s) or organization(s) you are aut	
	Name Clearly	Print Name Clearly
*Cre	uired: Four Digit Pin*ate your own four digit pin number (any four esting information.	numbers). The authorized individuals must provide this number when
Opti	onal: Termination Date:	
I hav educ termi	ational record, as specified above, to the indiv	contents. This document authorizes JC to release information from my idual(s) listed above and is effective upon submission. Unless I have entered a in in effect until I submit a written notice terminating this consent to the
Stud	ent Signature	
Offic	ee Use Only:	
	Date Received:	Received By: