



Authorized Release of Student Education Record Information (FERPA)

Records & Enrollment Services
Main Building, Room M2480
5900 S. Santa Fe Drive
Littleton, CO 80160
records@arapahoe.edu
Fax: 303.797.5970

Student Name: _____ Student ID: _____

Purpose of Release

Provide Academic Record Information

Provide Letter of Recommendation

ACC Staff / Faculty to provide Letter of Recommendation: _____

Provide Reference

ACC Staff / Faculty to provide Reference: _____

Release to (Organization / Person): _____

Other info / instructions (if applicable): _____

Student Initials	Type	Information	Telephone*	
			Yes	No
	Academic	Grades/GPA, demographic, registration, ID #, academic standing, etc.	Yes	No
	Financial Aid	Awards, app data, eligibility, disbursements, satisfactory academic progress, etc.	Yes	No
	Billing	Billing statements, charges, credits, payments, past due amounts, collections, etc.	Yes	No
	Advising	Advising appointment, degree audit materials, etc.	Yes	No
	Other	Specify: _____	Yes	No

For in-person releases, the designated person(s) must produce a valid government-issued photo ID to verify their identity. Should the student desire to allow release of information over the phone, the student must provide a password (Telephone Password field below) and the designated person(s) must produce the Password* to obtain education record information over the phone. No education record information will be released via email.

Telephone Password* _____

Student Certification:

I hereby authorize the college to release this information to the designated person(s) / organization(s) listed above. This release will be in effect for one year from the date received by ACC, unless I choose to withdraw my consent prior to that date, which I have the right to do at any time. I understand that allowing the release of information to someone does not allow that person to make changes to my education record. I understand that an incomplete form received by ACC will not be processed.

Student Signature**: _____ Date: _____

****Student must present a valid photo ID and sign this form in the presence of an ACC employee or Notary.**

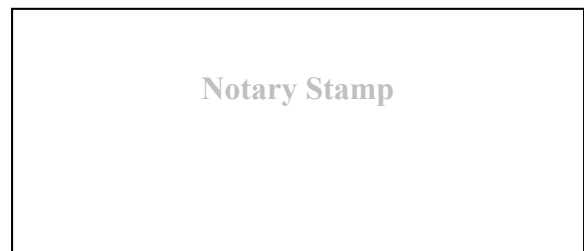
Notary Certification:

County & State of _____

Sworn and subscribed to me this ____ day of _____

My Commission expires _____

Notary Signature _____



Staff Use Only:		
Signature of ACC Staff: _____	Extension: _____	Date: _____
[] SPACMNT Note Entered [] Faculty / Staff Notified (if applicable) Expiration Date: _____		