Authorized Release of
Student Education Record
Information (FERPA)

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):

<table>
<thead>
<tr>
<th>Student Initials</th>
<th>Type</th>
<th>Information</th>
<th>Telephone*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Academic</td>
<td>Grades/GPA, demographic, registration, ID #, academic standing, etc.</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td></td>
<td>Financial Aid</td>
<td>Awards, app data, eligibility, disbursements, satisfactory academic progress, etc.</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td></td>
<td>Billing</td>
<td>Billing statements, charges, credits, payments, past due amounts, collections, etc.</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td></td>
<td>Advising</td>
<td>Advising appointment, degree audit materials, etc.</td>
<td>[ ] Yes</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>Specify:</td>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

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

Optional: 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.

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: ____________