



Authorized Release of Student Education Record Information (FERPA)

Office of Admissions & Records
Main Building, Room M2480
5900 S. Santa Fe Drive
Littleton, CO 80160
admissions@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*
	Academic	Grades/GPA, demographic, registration, ID #, academic standing, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Financial Aid	Awards, app data, eligibility, disbursements, satisfactory academic progress, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Billing	Billing statements, charges, credits, payments, past due amounts, collections, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Advising	Advising appointment, degree audit materials, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other	Specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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: _____

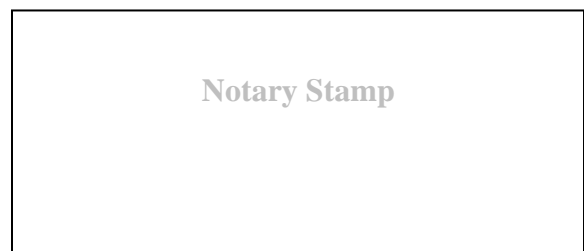
****Student must present a valid photo ID and sign this form in the presence of an ACC employee or Notary.**

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: _____