



**STUDENT RELEASE OF RECORDS / FERPA AUTHORIZATION FORM**  
(Family Educational Rights and Privacy Act)

**TO BE FILLED OUT BY THE STUDENT ONLY** (Student requesting release, print full name)

I, \_\_\_\_\_ hereby authorize Columbus Technical College to release my educational records.

**Initial on the lines below to indicate which records you wish to make available:**

\_\_\_\_\_ **All Financial Aid Records** (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file).

\_\_\_\_\_ **All Academic/Transcript Records** (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records).

\_\_\_\_\_ **All Student Account Records** (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records).

\_\_\_\_\_ **Instructor/Classroom Records** (records include: attendance, progress reports, test and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the final grade. FERPA pertains to the release of records. Instructors are not required to have conversations about academic progress with anyone other than the student).

\_\_\_\_\_ **Other Records** \_\_\_\_\_.

**Please Note: Counseling Center and Services for Students with Disabilities records are considered medical records and are not covered under FERPA rules. A separate release form must be obtained from these departments.**

**The following individual(s) are authorized to access the information indicated above:**  
(Please Print Full Name)

Spouse \_\_\_\_\_ Mother/Stepmother \_\_\_\_\_

Agency \_\_\_\_\_ Father/Stepfather \_\_\_\_\_

Other (Specify name and relationship) \_\_\_\_\_

**Although I understand I am not required to release this information, I am giving my consent to Columbus Technical College, Student Affairs, to disclose these records. Please note: A clear photocopy of your picture ID is required to verify authenticity of this release. Student Affairs can make a copy of the ID if you deliver this form in person. Otherwise, please make sure a copy is attached before turning this form in.**

**SID#** \_\_\_\_\_ **or SSN#** \_\_\_\_\_

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FERPA pertains to the release of records only. It does not give others the right to act on your behalf or to change your records.**

OFFICE USE ONLY: Date: \_\_\_\_\_ Initials: \_\_\_\_\_ **Rev 3/14**