

FERPA Information Release Authorization Form

Students wishing to allow another person access to their records should **complete all sections** of this form. It is the student's responsibility to keep this form current. If the date range has expired when a request for information is made, it will not be honored. If the dates are left blank, this form will expire two years from the date it was received. **This form MUST be turned in to the Records Office or sent to** <u>screcord@schoolcraft.edu</u> with a copy of the student's driver's license.

For privacy and protection, forms submitted via email must be sent from the student's @schoolcraft.edu email address (not from a personal address.)

Student Name			Student ID#			
Last four digits of SSN			Date of Birth			
I authorize Sc	hoolcraft College to release:					
	College Transcripts		Grades		Class Attendance	
	Financial Aid		Academic Performance		Student Appeals (SC aware)	
	Disability related issues		Student Conduct & Discipline			
То:						
Start Date	/ End	l Date	//			
Password (Re	quired)					

I authorize the sharing of my information with the person/people named above, which includes college transcripts, grades, financial aid/student accounts, academic performance, class attendance, disability related issues (i.e., advocating for services needed, timely requests, etc.), student appeals (SC aware), student conduct and discipline. This form <u>does not</u> cover password resets for Ocelot Access, BlackBoard, Student Email, or Wireless access. It is the student's responsibility to contact the school for assistance.

Student Signature	Date:				
	FOR OFFICE USE ONLY				
Checked student's identification \Box	OR				
Attached a copy of the student's driver's license (if sent via email only) \Box					
Entered in PERC					
Date Processed	Processed By				