



# Central Christian College of Kansas

OFFICE OF THE REGISTRAR

## FERPA RELEASE

The **Family Education Rights and Privacy Act (FERPA)** is a Federal Law designed to protect the privacy of a student's educational records, which includes academic, financial, business, and student life records. Except in specific cases, FERPA requires that a student provide explicit written consent before information about that student can be released. CCKK may disclose information without prior written consent to certain individuals when allowable under FERPA law. See FERPA policy in the catalog.

**This release will remain in effect until the student withdraws or graduates from the college or until a written notice of revocation is provided to the Office of the Registrar unless otherwise noted on this form.**

<b>Student Name (please print):</b>		<b>Last 4 SSN or ID#:</b>	
<b>Last:</b>	<b>First:</b>	<b>Middle:</b>	
<b>Section A. Education Records to be Released (check all that apply)</b> *Please note that access to any part of a student's record does not grant authority to make changes to the record			
<input type="checkbox"/> <b>Academic Information</b> (grades/GPA, registration, student ID number, academic progress, enrollment status) <input type="checkbox"/> <b>Financial Aid Information</b> (awards, application data, disbursements, eligibility, loan information) <input type="checkbox"/> <b>Billing Information</b> (billing statements, charges, credits, payments, past due amounts, collection activity) <input type="checkbox"/> <b>Student Life Information</b> (discipline matters, chapel attendance, tutoring, extra-curricular activities, housing, meal plan) <input type="checkbox"/> <b>All of the above</b> <input type="checkbox"/> <b>Other</b> (please specify):			
<b>Section B. Person(s) to whom you want to give access:</b>			
<b>Their Name(s):</b>		<b>Their Relationship to You, the Student:</b>	
<b>Their Phone:</b>		<b>Their Email:</b>	
<b>Their Address:</b>		<b>FERPA Passcode:</b> 1. YOU CHOOSE any number or word and write it in this box; 2. Tell the person what it is so they can use it	
<b>Section C. Purpose of Release</b> ( <i>reason(s) why this person(s) would be contacting the school</i> )			
<input type="checkbox"/> <b>Payments on account</b> <input type="checkbox"/> <b>Financial aid processing</b> <input type="checkbox"/> <b>Assisting student with academic/personal issues</b> <input type="checkbox"/> <b>Employment</b> <input type="checkbox"/> <b>Reference letter</b> <input type="checkbox"/> <b>Transfer to another institution</b> <input type="checkbox"/> <b>Other</b> (please specify):			
<b>Section D. Release Limitation (OPTIONAL)</b>			
<input type="checkbox"/> Expires on this date: _____ (leave blank if want release for entire time of enrollment)			

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

*For Registrar Office Use Only*

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: