

Schoolcraft College

FERPA Information Release Authorization Form

Records Office Phone: 734-462-4677 Fax: 734-462-4506 Email: screcord@schoolcraft.edu

Students wishing to allow another person access to their records should complete 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 ending date is left blank, this form will expire two years from the date it was received.**

The **student** needs to complete **ALL** sections of this form and bring it to the Registration Center in the McDowell Center. **If you are faxing the completed form, please include a copy of your driver's license and fax to 734-462-4506.**

This form does not cover password resets for WebAdvisor, BlackBoard, Student Email, or Wireless access. It is the student's responsibility to contact the school for assistance.

Student Name: _____

Student ID # or Last four digits of S.S. #: _____

Date of Birth: _____

Password: _____ (To be created by the student and given to the person named below.)

Access given to: _____

(Name(s) and relationship to student)

I authorize Schoolcraft College to release the following information: (check all that apply)

- 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

I grant access to the individual(s) specified above beginning ___/___/___ and ending ___/___/___.

Student's signature: _____ Date: _____

Staff signature: _____ Date: _____