



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 screcord@schoolcraft.edu with a copy of the student's driver's license.**

Student Name _____ Student ID# _____

Last four digits of SSN _____ Date of Birth _____

I authorize Schoolcraft College to release:

- | | | |
|--|---|---|
| <input type="checkbox"/> College Transcripts | <input type="checkbox"/> Grades | <input type="checkbox"/> Class Attendance |
| <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Academic Performance | <input type="checkbox"/> Student Appeals (SC aware) |
| <input type="checkbox"/> Disability related issues | <input type="checkbox"/> Student Conduct & Discipline | |

To: _____

Start Date ____/____/____ End Date ____/____/____

Password (Required) _____

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 does not 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 OR

Attached a copy of the student's driver's license (if sent via email only)

Entered in PERC

Date Processed _____ Processed By _____