



FERPA Student Records Release Form

It is the policy of Community Care College, Clary Sage College, and Oklahoma Technical College in accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), to withhold personally identifiable information contained in our students' educational records unless the student has consented to disclosure or FERPA allows disclosure.

Print Name: _____ Last 4 SSN: _____

I give permission to Community Care College, Clary Sage College, and Oklahoma Technical College to **release and/or collect** the selected (checked) information to the recipient(s) listed below.

<input type="checkbox"/>	Accounting Records	Includes tuition and fee balances, financial holds, payment plans, accounting statements and collections, debt information, and any other accounts receivable information contained in student account records.
<input type="checkbox"/>	Admission Records	Includes dates of application, documents received, documents pending, conditions of admission, and any other information contained in student admission records.
<input type="checkbox"/>	Enrollment Records	Includes current class schedule, residency status, test scores, and any other information contained in student enrollment records.
<input type="checkbox"/>	Academic Records	Includes courses taken, grades received, GPA, academic progress, honors, transfer credit awarded, and any other information contained in the academic records.
<input type="checkbox"/>	Financial Aid Records	Includes all general financial aid information. Includes status of file, award and disbursement of funds information, Satisfactory Academic Progress, income information, and any other information contained in student financial aid records.
<input type="checkbox"/>	Disciplinary Records	Includes all Student Improvement Plans (SIP) and Incident Reports related to the student's record contained in student files.
<input type="checkbox"/>	Career Services	Includes employment verification of the undersigned and/or employer via telephone, mail, fax, email, cellular phone, text message, and/or social media to obtain and update employment status.
<input type="checkbox"/>	All Records	Includes all records listed above.

Only if you do not select any records above, should you select the option below.

<input type="checkbox"/>	RELEASE NO PERSONALLY IDENTIFIABLE INFORMATION	SEE OTHER SIDE FOR DIRECTORY INFORMATION OPT-OUT FORM
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Release to:	Relationship to Student:	Access Revoked on (date and student signature):
		FOR OFFICE USE ONLY
		FOR OFFICE USE ONLY
		FOR OFFICE USE ONLY
		FOR OFFICE USE ONLY
		FOR OFFICE USE ONLY
		FOR OFFICE USE ONLY

- I understand that the FERPA Student Records Release Form will remain in effect until I revoke such consent in writing with the Registrar.
- My signature indicates my consent to release or to revoke the above information to the designated individual(s)/organizations(s) listed on this release.
- I also understand that if I am a dependent for tax purposes, the College can disclose such information's to parents and legal guardians regardless of my consent.

Student Signature

Date

*****Student may update form at any time with the Registrar department.**

For Office Use Only

Received by: _____ Date Received: _____ Date Records Coded: _____



Directory Information Opt-Out Form

Directory Information

The Family Educational Rights and Privacy Act (FERPA) provides that certain portions of a student record may be deemed directory information and be released to a third party without the written consent of the student. The College may release a student's directory information without the written release of the student as allowed by FERPA. The College is authorized to obtain or provide educational records as allowed by law. The following has been designated by Community Care College, Clary Sage College, and Oklahoma Technical College as Directory Information:

- Student Name
- Address
- Telephone Listing
- Email Address
- Photograph
- Date and place of birth
- Major Field of Study
- Grade level
- Enrollment status
- Dates of attendance
- Participation in officially recognized activities and sports
- Degrees, honors, and awards granted or received, and
- dates granted or received
- Most recent education agency or institution attended

Withhold Directory Information

I want my Directory Information to be withheld, except as required by law. (Directory Information includes all items listed above.) Before making the decision to withhold the release of directory information, students should be aware of the ramifications. For example, withholding Directory Information means that your name will not be printed in the graduation program, honors and awards granted will not be publicly acknowledged or disclosed, and we will not be able to confirm your degree to a prospective employer, etc. **Please note that we will not be able to confirm your student status or attendance even in the event of an emergency.**

I wish to prevent the disclosure of my Directory Information and understand the ramifications of doing so.

Name (print) _____ Last 4 SSN _____

Signature _____ Date _____

From the date this form is received in the Registrar's Office, we will honor your request to Withhold Directory Information until you request in writing that you wish to remove the Withhold Directory Information designation. You may authorize the release of information in writing on a transaction-by-transaction basis without removing the Withhold Directory Information designation (see the Registrar).

Release Directory Information

I want Directory Information to be released. (Directory Information includes all items listed above.) I no longer wish to prevent the disclosure of my Directory Information and release the College from any responsibility to withhold open Directory Information from the date this form is received in the Registrar's Office.

Name (print) _____ Last 4 SSN _____

Signature _____ Date _____

From the date this form is received in the Registrar's Office we will honor your request to Release Directory Information.

One-Time Release of Withheld Directory Information

I have previously instructed that my Directory Information be withheld and I hereby authorize the College to make a one-time release of the following specific information to the individual or organization named below for the specified purpose. Instructions to withhold my Directory Information otherwise, remains in place.

Name (print) _____ Last 4 SSN _____

Signature _____ Date _____

Information to be released (print) _____

Recipient Individual/Organization _____

Purpose of One-Time Release _____

For Office Use Only

Received by: _____ Date Received: _____ Date Records Coded: _____