



Seward County Community College

Authorization to Release Information

The Family Educational Rights and Privacy Act of 1974 prohibits access to, or release of, educational records or personal identifiable information contained in such records (other than directory information) without the written consent of the student. Seward County Community College will not release detailed information about you, your student record or your financial aid, except as allowed under the law. If you wish, you may give your permission to release your information by completing this form.

Student Name (Please Print)

Student ID Number

Social Security Number

Date

I authorize SCCC to release the following records to the individual(s) specified below. I understand that this release is valid until I revoke consent with the Registrar's office. I understand that the offices at SCCC can only release limited information over the phone because they cannot physically verify to whom they are speaking. I expressly release SCCC from any and all liability claims relating to the acquisition and release of any information pertaining to me. For the individual(s) listed below, this release overrides all directory information suppression I may have previously set up in my student record.

Please check the information you would like to release:

- ☐ Information contained in my student record such as grades, attendance, transcripts, etc.
- ☐ Billing/Financial Aid Information
- ☐ All other information (including medical/health)

1. _____
Name of person authorized to access my personal information

Relationship to student

Area code and telephone number

2. _____
Name of person authorized to access my personal information

Relationship to student

Area code and telephone number

Student Signature

Date



Seward County Community College

WHY SHOULD I SIGN THIS FORM?

If you sign this form, you are granting access to your education records for the person(s) indicated. SCCC representatives will be able to discuss your records without you having to provide your written consent each time.

DOES EVERYONE NEED TO SIGN THIS FORM?

No. Students should only sign this form if they want to give someone outside of the college access to their educational records.

CAN I CHANGE MY MIND?

Yes. If you decide you no longer want someone to have access to your records, contact the Registrar's office.

WHAT TYPES OF INFORMATION WILL BE RELEASED TO THE DESIGNATED PARTIES IF I SIGN THIS RELEASE?

Records such as financial aid files, advising files, disciplinary records, admission files, and academic records, will be released upon request by designated parties.

WHAT DOES THE COLLEGE CONSIDER DIRECTORY INFORMATION?

- Name
- Address
- Phone number
- Email address
- Date and place of birth
- Major Field of study
- Participation in officially recognized activities and sports
- Weight/height of members of athletic teams
- Dates of attendance
- Degrees and awards received
- Most recent previous educational institution attended

Note: If directory information has been restricted, that restriction does not apply to the individuals named on the front of this form.