



# Authorization for Release of Information

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of eligible students' education records. (An "eligible student" under FERPA is a student who is 18 years of age or older or who attends a postsecondary institution.) Directory Information, including a student's name, address, telephone numbers, date of birth, enrollment status, enrollment dates, major and degrees earned, may be shared without consent unless the student has placed a confidential hold on their records.

Kalamazoo Valley Community College will not release information, other than directory information, without an Authorization for Release of Information signed by the student, unless it is expressly allowed within the act. A student cannot be compelled or required to relinquish their FERPA rights. This form allows for a student to voluntarily consent to the release of confidential information. Even with this authorization, Kalamazoo Valley is not required to release any information. Upon request of the designated individual or organization, Kalamazoo Valley will use discretion when determining what information may be released.

Information will only be released to authorized individuals in person with photo ID or by written request. Only the most recently signed authorization will be honored. Your authorization will remain effective for the dates you specify up to a maximum of one year or until you submit a written request to terminate this release authorization.

<b>Student's Identification</b>		
Name: _____		
First	Middle Initial	Last
Valley Number: <u>  V  </u> _____ If Valley Number is unknown, provide your birth date: _____		
<b>Individual or Organization Being Authorized</b> (choose one)		
Reason for disclosure: _____		
To whom can information be released:		
<input type="checkbox"/> Parent's name _____ I am a dependent on their federal tax form or I am granting them access to my records even though I'm not a dependent.		
<input type="checkbox"/> Individual's name _____ Relationship: _____		
<input type="checkbox"/> Organization's name _____ Relationship: _____		
<b>Information to be Released</b> (check all that apply)		
<input type="checkbox"/> All Educational Records		
Or, specify individual records:		
<input type="checkbox"/> Class Schedule	<input type="checkbox"/> Grades	<input type="checkbox"/> Tuition, fees, payment and refunds
<input type="checkbox"/> Grade Point Average (GPA)	<input type="checkbox"/> Number of credit hours enrolled in	<input type="checkbox"/> Unofficial Transcript
<input type="checkbox"/> Other: _____		
<b>Effective Dates of Authorization</b>		
<input type="checkbox"/> Valid for one academic year beginning September 1, 20____ and ending August 31 the following year		
<input type="checkbox"/> Valid from this date: _____ to this date: _____		
Note: The period cannot exceed one year.		
<b>Student's Authorization</b>		
I authorize Kalamazoo Valley Community College to release the specified information to the individual or organization identified. This release remains in effect for the period defined above or until I provide a signed termination letter prior to that expiration date.		
Signature: _____		Date: _____