Delta College
FERPA Information Release Authorization Form
Registrar's Office Phone: 989-686-9305 Fax: 989-667-2221 Email: regis@delta.edu

If you want to allow another person access to your records, you should complete this form. It is your 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.** College transcripts must be requested through the National Student Clearinghouse and are not released under this form.

You should give great consideration to completing this form. You should know that by signing this form, College personnel may disclose <u>any</u> information pertaining to your records that you have authorized.

You need to complete **ALL** sections of this form and bring it to the Registrar's Office with a photo ID. **This form does not cover password resets.**

Student Name: _____

Student ID #: _____

Date of Birth: _____

Pin Number: _____ **(Four digits to be created by the student and given to the person named below.)**

Access given to: _____
(Name(s) and relationship to student)

I authorize Delta College to release the following information: (check all that apply)
☐ Academic Records (registration & schedule Information, residency, placement test scores, etc)
☐ Grades, attendance records, progress reports, tests and homework scores*
☐ Financial Aid (including any information contained in the application or financial aid file)
☐ Student Accounts (including any student accounts receivable information contained in the student record)
☐ Disability related issues (i.e. advocating for services needed, timely requests, etc.)
☐ Student Conduct and Discipline

*Faculty are not required to have conversations about academic progress with anyone other than the student.

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

I have read this document and fully understand the contents and am giving permission for Delta College personnel to release the information that I have selected above.

Student's signature: _____ Date: _____

Staff signature: _____ Date: _____

More information regarding FERPA may be found on the College Website.   Revised 12/15/17