

## ANNUAL FERPA RELEASE AUTHORIZATION FORM

## **John Wood Community College**

1301 South 48th Street Quincy, IL 62305-8736 Records Registrar Office

## **WHAT IS FERPA**

FERPA, the Family Educational Rights and Privacy Act of 1974, as Amended, protects the privacy of student educational records. It gives students the right to review their educational records, the right to request amendment to records they believe to be inaccurate, and the right to limit disclosure from those records. An institution's failure to comply with FERPA could result in the withdrawal of federal funds by the Department of Education.

|  | RIZATION   | AID Year              |  |  |
|--|--|-----------------------|--|--|
| To authorize the release of F<br>Office of Enrollment Services                                       | •  | ent must complete     | all items below and submit this form to th   |  |
| Student's Name (print) :   | PI   | none/Cell:            | J# or SSN:   |  |
| Information to Be Relea  | ased (Please check)  |                       |  |  |
| All Institutional Records  | Academic Progress & Status (including grades)  |                       |  |  |
|  | Course Sch   | edules                |  |  |
|  | Holds/Obli   | gations               |  |  |
|  | ☐ Tuition Acc  | count                 |  |  |
|  | Financial Aid Awards/All FA Documents  |                       |  |  |
|  | Other  | Other                 |  |  |
|  |  |                       |  |  |
|  | es (i.e. public relations, Perkins, etc.): _   |                       |  |  |
|  | es (i.e. public relations, Perkins, etc.): Address (street , city, st, zip)  |                       | Relationship   |  |
| Individual/Organization:   |  |                       |  |  |
| Individual/Organization:  Name  Name  The above information will be r                                | Address (street , city, st, zip)  Address (street , city, st, zip)  Address (street , city, st, zip)  released with my full consent. I understance written letter to revoke this authorization p | that this authorizati | Relationship   |  |
| Name  The above information will be ronly. It is necessary to send a womust be completed each aid ye | Address (street , city, st, zip)  Address (street , city, st, zip)  Address (street , city, st, zip)  released with my full consent. I understance written letter to revoke this authorization p | that this authorizati | Relationship  Relationship  on remains in effect for specific academic year date, if I choose to end it sooner. A new form |  |
| Name  The above information will be ronly. It is necessary to send a womust be completed each aid ye | Address (street , city, st, zip)  Address (street , city, st, zip)  released with my full consent. I understance written letter to revoke this authorization pear.                               | that this authorizati | Relationship  Relationship  on remains in effect for specific academic year date, if I choose to end it sooner. A new form |  |