



# Authorization Form for Release of FERPA Protected Student Information

**This form must be notarized upon receipt or signed with an ICC staff member as the signed witness. If it is not possible for the student to bring the form in person, then a copy of the student's photo ID must be submitted with the form. Forms not accompanied by a copy of the student's photo ID will not be processed.**

I, the undersigned, hereby give permission for the release of the following information to the person(s) listed below.

Please *initial* which information may be released

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Information       | <input type="checkbox"/> Grades                       |
| <input type="checkbox"/> Accounts Receivable        | <input type="checkbox"/> Housing                      |
| <input type="checkbox"/> Admissions                 | <input type="checkbox"/> Student Conduct              |
| <input type="checkbox"/> Athletics                  | <input type="checkbox"/> Transcripts                  |
| <input type="checkbox"/> Enrollment Verification    | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Financial Aid/Scholarships | _____   |

This authorization releases Independence Community College (ICC) from any harm which may result as a consequence of sharing this information with the person(s) listed below.

Person(s) with whom information is to be shared:

_____	_____
Name	Relationship to Student
_____	_____
Name	Relationship to Student
_____	_____
Name	Relationship to Student

Exclusions and/or limitations to this authorization:

_____	_____
Name	Relationship to Student
_____	_____
Name	Relationship to Student

I, have discussed this authorization with a representative of ICC and understand the nature of this authorization. All of my questions concerning the authorization have been answered. This authorization will remain in effect until revoked in writing by me.

_____	_____	_____	_____
Student's Printed Name	SS# or ICC ID#	Date	Student's Signature

To be completed by ICC Staff:			
Date _____	Witnessed by _____	Date entered in AS400 _____	Entered by _____