

FERPA
Family Educational Rights & Privacy Act Release
Authorization Form



Student Name: _____

Student ID#: A _____

Address: _____

Preferred Contact Phone #: _____

Date of Birth: ____/____/____

Instructions:

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. This law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. In accordance with FERPA, it is the policy of Gulf Coast State College to withhold certain educational records unless the student provides authorization to disclose information. Students may authorize the release of their financial aid educational records by completing this form and presenting it to the Financial Aid Office in person with a photo ID.

Section I: Release Information

A) I, the undersigned, hereby authorize Gulf Coast State College to release/discuss any and all information regarding my financial aid to the following individual/entity:

Individual's / Entity's Full Name

Individual's / Entity's Relationship to student

Individual's / Entity's Mailing Address

Individual's / Entity's Phone Number

Individual's / Entity's City, State & Zip Code

Individual's / Entity's Email Address

B) This FERPA release authorization is given for the purpose of (*select one*):

Handling my Financial Aid matters

Other (*please specify*) _____

C) This FERPA release authorization is effective:

from: _____ to: _____
month/day/year month/day/year

indefinitely

Section II: Student Certification

I certify that I am freely giving my authorization to release my information in the manner stated above. I also understand that, regardless of my selections above, I may cancel, change and/or update this release at any time by notifying the Financial Aid Office in writing.

Student's Signature: _____

Date: _____