



FERPA CONSENT
Authorization for Release of Information

I (print name) _____ voluntarily authorize officials in the Genesee Community College department(s) identified below to disclose personally identifiable information from my educational GCC records. I understand that providing authorization to release information does not apply to every/all record(s) and/or situation(s) at Genesee Community College. It also does not obligate GCC to release information to anyone. **Check One:**

_____ Consent for **FULL ACCESS** to Genesee Community College records (Full access does not give authority to make changes to the student's record.)

_____ Consent for **LIMITED ACCESS** to Genesee Community College records (Limited access does not give authority to make changes to the student's record). Check all that apply:

- _____ Transcript _____ Disciplinary Records _____ Financial Aid/Financial
- _____ Academic Records/Achievement _____ Residence Life
- _____ Recommendations for employment or admission to other institution
- _____ Other (please specify) _____

This information may be released to the following (check all that apply):

- _____ Family (list name and phone number) _____

- _____ Educational Institution (list) _____
- _____ Employer/Prospective Employer (list) _____
- _____ Other (please specify) _____

This information is being released for the following purpose: _____

This is to attest that I am the student signing this form. I understand the information may be released orally, in the form of copies of written records, or electronically, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered the office of the Dean of Students (C219; Main Building).

Student ID#/800#

Date

Student Last Name

Student First Name

MI

Date of Birth

Student Cell Phone