



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: _____

Student Signature: _____