

Authorization to Release FERPA Protected Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that gives students various rights with respect to their educational records. Under FERPA, students have the right to inspect and review their educational records, the right to request amendment of their records believed to be inaccurate or misleading, and the right to prevent disclosure of information from their educational records without their prior consent, subject to some specific exceptions.

The students, at their discretion, may grant the College permission to release information about their student records to third parties through submission of this form. A separate form must be completed for each third party the students grant authorization. Consent will remain in effect for third parties until students revoke authorization through the submission of the Revocation of FERPA Release form. This document can be obtained on the College Website (www.ocean.edu) or on campus at the HUB.

Under FERPA, the College is permitted to disclose information from students' educational record to their parents (or one parent/legal guardian) if their parents (or one parent) claim them as dependents for federal tax purposes, as defined by the Internal Revenue Code of 1986, Section 152.

Section A: Student Information

| Name: | | | | | |
|--|---|---------------------------|-----------------------------|----------------------|--|
| Last | Fi | First | | Middle | |
| Student ID: | Date of Birth: | e of Birth: Phone Number: | | | |
| Current Address: | | City: | State: | Zip: | |
| Photo ID is required when so issued photo ID or Student I | ubmitting this form. If the form D Card is required. | is mailed, faxe | ed, or emailed, a legible (| copy of a government | |
| ☐ Photo ID Received | | | | | |
| Section B: PERSON TO WHO | OM INFORMATION MAY BE RE | <u>LEASED</u> | | | |
| Please release information | from my academic record to th | e following per | rson: | | |
| Name: | | | | | |
| Last | | rst | | Middle | |
| Current Address: | | City: | State: | Zip: | |
| Email Address: | | Phone Number: | | | |
| Relationship to Student | | | | | |

A picture ID must be presented by the individual authorized to view the student's record. **Section C: Records To Be Released** Check one or more boxes below to grant authorization for release of records. Information will not be shared unless the box describing the information sought is checked. All Financial Aid Records (records include: awards and disbursement of funds information, Satisfactory Academic Progress status, income information, amounts due for tuition and fees, sources of payment for tuition and fees, refund information, record hold information as it relates to parking tickets, library fines, financial aid repayments, and any other accounts receivable information). ☐ All Academic/Transcript Records (records include: transcripts, admission, and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other information contained in the academic record). ☐ All Student Conduct Records (records include: correspondence to and from the student related to conduct issues, conduct investigative reports, and any other information related to student conduct). **Section D: Hold Harmless and Signature** I, the student, acknowledge the information listed above and agree to the terms of the FERPA Student Information Release Authorization as outlined in Sections A-D. I agree to hold Ocean County College harmless from any and all liability for the release of my records to any entities as specified above or any release of information as requested by accrediting authorities or government agencies. Print Student Name—REQUIRED

Date

Signature of Student-REQUIRED