

**STUDENT INFORMATION RELEASE**

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) as amended, Sussex County Community College requires written authorization from a student to release personally-identifiable information, other than Directory Information, to third parties, including parents, from Education Records it maintains.

SCCC has designated certain information in the Education Records of its students as directory information for the purposes of FERPA. Directory information may be released without the consent of the student at the discretion of the College, unless the student informs the Office of the Registrar in writing, within the first ten class days, that all such information about him or her is not to be made public without his or her consent.

The following is considered directory information at SCCC: name, address, major, sports participation, height and weight of the sports team members, dates of attendance, full- or part-time enrollment status and degrees, honors and awards received.

**Use of this form will grant SCCC permission to release additional information as specified below:**

**STUDENT INFORMATION – Please Print:**

First Name	Last Name	Student ID#	
Street Address	City	State	Zip Code
Phone Number	Alternate Phone Number		

Under the Family Educational Rights and Privacy Act (FERPA), Sussex County Community College is not permitted to disclose information regarding your financial records to anyone without your written consent.

**I hereby authorize Sussex County Community College to discuss and/or provide financial information and academic information as it relates to my education, to: (name all that apply)**

- Mother's Name: \_\_\_\_\_
- Father's Name: \_\_\_\_\_
- Step-Parent: \_\_\_\_\_
- Legal Guardian: \_\_\_\_\_
- Other: \_\_\_\_\_

**PLEASE CHECK ALL AREAS THAT APPLY:**

- Academic Performance
- Accessibility Services/ADA
- Attendance
- Financial Records
- Grades
- Satisfactory Academic Progress
- Other \_\_\_\_\_

By signing this form, I understand the above information will be released, with my full consent, to the party indicated until I am no longer enrolled at Sussex County Community College. I further understand that I can revoke this authorization at any time by notifying the College in writing.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_