



AUTHORIZATION TO RELEASE INFORMATION

The Family Educational Rights and Privacy Act (FERPA) protects student confidentiality by placing certain restrictions on the disclosure of information contained in a student's education records. By signing this form, you agree that university personnel may provide information from your education records as indicated below.

STUDENT NAME

STUDENT IDENTIFICATION NUMBER

I, the undersigned, authorize Terra Community College to release the following educational records and/or any information contained therein (please identify specific records, types of records, or indicate "all records"):

To (Name and Address of Person/Agency to Receive Information):

For the purpose of:

For the duration of: [up to the end of the current academic year]

I understand and acknowledge that: (1) I have the right not to consent to the release of my education records; and (2) I have the right to receive a copy of such records upon request.

STUDENT SIGNATURE

DATE

PLEASE RETURN COMPLETED FORM TO: the Student Records Office, Second Floor, of Roy Klay Hall, Terra Community College, 2830 Napoleon Road, Fremont, OH 43420

This information is released subject to the confidentiality provisions of FERPA and other appropriate state and federal laws and regulations, which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or otherwise permitted by such regulations.

Office use