



## Request to Release Information

**Information must be printed or typed in black or blue ink. (Penciled forms will not be accepted.)**

According to the Family Educational Rights and Privacy Act (FERPA), college students are considered responsible adults and are allowed to determine who will receive information about their educational records.

In order to release information to a third party, a written request must be submitted to Student Services.

**All fields are required.**

Student Name: \_\_\_\_\_  
Last First Middle

Student ID number: \_\_\_\_\_

Last 4 digits of SSN & Full DOB (Only use if Student ID is unknown): \_\_\_\_\_

### What are you requesting?

\_\_\_ Enrollment Verification for Term: \_\_\_\_\_  
Year/Semester

\_\_\_ Copy of Acceptance Letter

\_\_\_ Copy of Grade Card for Term: \_\_\_\_\_  
Year/Semester

\_\_\_ Other (please specify): \_\_\_\_\_

### Release Information To:

Name of Third Party: \_\_\_\_\_  
Last First Middle

Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_

**I affirm that I am the student named above.** In compliance with FERPA, I hereby give my written consent and authorize East Central College to release my record as noted.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SIGNATURE WILL BE VERIFIED**