

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:Las	<u>.</u> t	First		Middle
Student ID number:				
Last 4 digits of SSN & Full D	OB (Only use if Stu	dent ID is unknown)	:	
What are you requesting	j ?			
Unofficial ECC Tran	script			
Enrollment Verificati	on for Term:	V (0 1		
Other (please specif				
Release Information To:				
Name of Third Party:	Last	Fir	-st	Middle
Fax Number:			_	
Mailing Address:	Street	City	State	Zip
Email:				
I affirm that I am the	student named	l above. In compl	liance with FERF	PA, I hereby give my
written consent and autho	rize East Central Co	ollege to release my	y record as note	d.
Student's Signature:			Date:	
SIG	NATURE WILL BE VE	:KIFIED		