



## FERPA RELEASE/CANCELLATION FORM

### **Purpose:**

The Family Educational Rights and Privacy Act (FERPA) prohibits access to, or release of, education information without the written consent of the student. The consent must be in writing, signed and dated by the student, and must specify records to be released, reason for release, and the names of the parties to whom such records shall be released. The act applies to all persons formerly and currently enrolled at an educational institution. Access to educational records does not give permission to make changes to the student's record.

The purpose of this form is to authorize RPCC to release or cancel prior authorized release of FERPA-protected information to certain persons (Related Policy: Release of Student Information, found in the 2019-2020 Catalog)

Student's Name: \_\_\_\_\_ Lola Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This authorization is valid until cancelled by the student. The student may cancel a release at any time by completing another FERPA Release/Cancellation Form.

I hereby give permission for River Parishes Community College personnel to release selected items below to the recipients listed for the purposes of \_\_\_\_\_

- All records
- Accounting- includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections information and debt information
- Admission - Includes date of application, program selected, documents received, documents pending, date of admission, admission status and conditions of admission
- Registration- Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information
- Academic Records- Includes courses taken, grades received, GPA, academic progress, honors, transfer credit award and degrees awarded.
- Financial Aid-Includes all general financial aid information.

(P= Parent G= Guardian S= Spouse O= Other)

Release to  Cancel \_\_\_\_\_ Relationship  
First, Middle Initial, Last Name

Release to  Cancel \_\_\_\_\_ Relationship  
First, Middle Initial, Last Name

Release to  Cancel \_\_\_\_\_ Relationship  
First, Middle Initial, Last Name

Release to  Cancel \_\_\_\_\_ Relationship  
First, Middle Initial, Last Name

I understand in executing this authorization I waive the right for such information to be privileged and that a photocopy of this authorization shall be as valid as the original.

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

### Routing Instructions

Completed forms must be hand delivered by the student making the request to the Student Services Office at the Gonzales, Reserve, or Westside Campus. In order for the form to be processed, an RPCC staff member must verify that the person delivering the form is the student requesting the release/cancellation. A government-authorized photo ID is required.

### For Office Use Only:

Date Received: \_\_\_\_\_ Photo ID Verified By: \_\_\_\_\_

*This form must be given to the Registrar's Office for processing.*