



**Family Educational Rights and Privacy Act (FERPA)
Consent to Release Student Information**

Please return this form to Enrollment Services at any campus.

Student Name: _____ Student S#: _____

I hereby authorize PPCC to release any of the information initialed below to the following person or agency:

Name: _____ Agency: _____

Address: _____

Number & Street

City

State

Zip

All Educational related records at PPCC

OR

Only the initialed items below

Student Initials

Student Initials _____

Admission Application _____

Transcript _____

Grade(s) Information _____

GPA _____

Class Schedule _____

Enrollment Status w/dates _____

Account Balance/Payments _____

Police Reports _____

Registration/Transcript Holds _____

Disciplinary Sanctions _____

Financial Aid Information _____

Veteran Affairs _____

Other/Please describe _____

I assign the listed four-digit PIN for my information to be accessed through email or on the phone by the party listed above. If no PIN is assigned, I understand the party listed above must come in person with a government issued picture ID.

PIN: _____

This authorization is considered valid until the DATE: _____

OR

Student Initial: _____, I acknowledge that this form will otherwise remain in effect until I am no longer an active student at PPCC. If I return to PPCC, I will need to submit a new release form.

Student Signature: _____ **Date:** _____

****Student must present a valid picture ID and sign this form in the presence of an official college employee.**

PPCC Official: (Print) _____ Signature: _____ Date: _____

Signature of Notary if applicable: _____ Date: _____

****This form may also be signed in front of a notary and must be stamped/signed accordingly if travel to PPCC is not possible.**