Colby Community College FERPA RELEASE FORM STUDENT CONSENT FOR ACCESS TO EDUCATIONAL RECORDS

Last Name:	First Name:	Middle Initial:
Student ID#		
grant parents, guardians, spot the Office of the Registrar, B	uses, and/or others verbal access to the	et (FERPA), this form allows students to neir educational records maintained by ee. FERPA pertains only to the release r to change your records.
should be submitted to the Or Union or mailed to the Office	stay in effect until revoked in writing ffice of the Registrar located in the Ste of the Registrar, Colby Community not be accepted. Questions concerning 5) 460-5509.	tudent Services area of the Student College, 1255 S. Range Ave, Colby,
I give permission for the follo	owing person(s) to have access to my	academic records.
Last Name:	First Name:	Middle Initial:
Last Name:	First Name:	Middle Initial:
Last Name:		

identity of the person placing the call cannot be discerned or verified be released if the individual provides the exact answer to the que	
Question:	
Answer:	
I understand that 1) I have the right not to consent to the release oright to inspect any written records released pursuant to this conseconsent at any time by delivering a written revocation to the College	ent, and 3) I have the right to revoke this
Student Signature	Date
By initialing here, I consent to my FERPA form being cotime spent as a student at Colby Community College. I under consent to the release of my educational records, 2) I have the released pursuant to this consent, and 3) I have the right to re delivering a written revocation to the College Registrar.	stand that 1) I have the right not to right to inspect any written records

Phone Release of Information: Please provide a security question and answer to which only you and the individual listed above would know the answer. When CCC officials receive a telephone call, the actual