

ID # **A**

Pursuant to the Family Education Rights and Privacy Act (“**FERPA**”), you have the right to give permission to St. Louis Community College (“**College**”) to release information about your student records to a third-party. FERPA requires this permission to be in writing. You must complete a separate form for each third-party for whom you seek to give authorization to have access to information about your student records. Please note that this authorization **does not expire**, however, you may revoke your permission by providing a written request to do so at the same College location where you originally provided this Permission.

**Requested by (Student):**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Student Identification Number (“A” Number)

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date

**Release to (Recipient):**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Organization/School

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Daytime Phone Number

**Education record information to be released:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Purpose of release:**

\_\_\_\_\_

*I give permission for St. Louis Community College to release the specified information to the recipient listed above.*

\_\_\_\_\_  
Student Signature