

FERPA Authorization to Release Information from Student Education Records

The Family Educational Rights and Privacy Act (FERPA) is designed to protect the privacy of a student's educational records. These records may include academic, financial aid, scholarship, veterans, and student financials (billing/account) information. Records will not be released without prior written consent from the student. Certain information, defined as directory information, can be released without the prior consent of the student.

<u>Important:</u> All sections must be completed for release to be valid. FERPA pertains to the release of records only. This authorization does not give others the right to act on behalf of the student or change the student's record.

Please return this form in-person to the Enrollment Services Office, Lakewood Campus.

A VALID PHOTO IDENTIFICATION IS REQUIRED, NO EXCEPTIONS.

	Student Full Name (Last, First, Middle)		Student ctcLink ID Number	
SECTIO	N II: I authorize Clover Park Technical Colleg	e to release the information	on indicated below to the following:	
	Full Name of Person	Full Name of Person		
	Organization or Agency (if applicable)	Organization or Age	ency (if applicable)	
	Relationship to Student	Relationship to Stud	dent	
SECTIO	N III: Initial each authorized area to RELEA	SE or REVOKE information	n:	
	Complete access to all records with no exceptions ACADEMIC RECORDS: admissions application, class schedules, transcripts, residency, graduation			
	CLASS & PROGRESS RECORDS: ALL	CLASS & PROGRESS RECORDS: ALL classes or SPECIFY a class:		
	FINANCIAL AID RECORDS: awards/amou	FINANCIAL AID RECORDS: awards/amounts received, grants, scholarships, all submitted documents		
	STUDENT FINANCE RECORDS: tuition 8	STUDENT FINANCE RECORDS: tuition & fees charged/paid, fines, billing, and holds on account		
	VETERAN BENEFIT RECORDS: all docu	ments submitted, waivers received	I, determinations	
	Other, please specify:			
	Revoke prior FERPA Authorization for pe	erson(s)/organization(s) listed a	bove.	
SECTIO	N IV: Initial the DURATION of this authoriza	ation (mm/dd/yyyy):		
	One time only, specify date:/	/		
	Until Date: ///			
	Until I revoke this FERPA Authorization			
By signin specified Services	ng this form, I authorize Clover Park Technical Colle for the indicated period of time. This authorization rel Office.	ge to release and disclose inf mains in effect as specified or	ormation from my educational records as until I revoke it in writing to the Enrollment	
Student Signature		D	ate	

Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries please contact **Title IX coordinator** James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, image: ignessed with approximate in actual physical or mental disability, narital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries please contact **Title IX coordinator** James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, image: ignessed with approximate leaves-to-inquiries or **Section 504/disability coordinator** Sarah Addington, Manager of Student Disability Services, 253-589-5755, sarah.addington@cptc.edu. All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499.

10/6/25 TS