Release of Student Records Form
(To be used from 05/2015 through 05/2016. Government issued ID or Edison Student ID required at time of signature. Signatures must be witnessed and dated by Student Affairs staff at time of submission.)

Student’s Last Name__________________ First Name__________________ M.I.____

Student ID# __________________ Current Phone Number & Type____________________

I, the undersigned, understand that under the provisions of the Family Educational Rights and Privacy Act (FERPA), as amended, my college records will not be released without my approval, except in those instances in which FERPA authorizes the release. I hereby authorize Edison State Community College to release the contents of the following records to the person named below:

☐ Academic Records
☐ Disciplinary/Conduct Records
☐ Financial Aid Records

I understand that by signing this release, I am waiving my rights of nondisclosure of these records under federal law only to the person specifically listed. This release does not permit the disclosure of these records to any other person without my written consent or as permitted by law.

I further understand that I do not have to consent to this disclosure and that I may revoke the authorization by submitting a Revocation of Release form to Edison State Community College’s Student Affairs Office.

I understand that any revocation of authority hereunder would only govern subsequent releases and only be valid from the time of Student Affairs’ actual receipt of the revocation.

Student Signature: __________________________ Date: __________________________

Person To Whom Information May Be Released

Last Name______________________________ First Name__________________ M.I.____

Relationship to Student __________________ Current Phone ______________________

I understand that the information afforded me by this release is protected and that it is provided upon the condition that I will not permit any other party access to this information without written consent of the student.

Signature: __________________________ Date: __________________________

For Edison Staff Use Only:

I hereby do attest that I have verified the identities of the aforementioned individuals.

Name: __________________________ Date: __________________________

Routing: Original of release form to Registrar (); Copy of revocation form to: Vice President of Student Affairs (); Financial Aid ()

Revised 8/2015