



# FERPA Consent Form

The Family Educational Rights and Privacy Act of 1974, also known as FERPA and/or The Buckley Amendment of 1974, as amended, grants students certain rights and privacies regarding education records of students attending postsecondary institutions. By submitting this form, the student may consent to release his or her educational records and/or other information to a third-party for a defined purpose. A new form must be submitted for each request.

### Student Information (please print):

_____ LAST NAME	_____ FIRST NAME	_____ STUDENT ID NUMBER @HAWKMAIL.HCCFL.EDU
_____ PHONE NUMBER	_____ HAWKMAIL EMAIL ADDRESS	

### Individuals Granted Access (please print):

_____ LAST NAME	_____ FIRST NAME	_____ RELATIONSHIP TO STUDENT
_____ LAST NAME	_____ FIRST NAME	_____ RELATIONSHIP TO STUDENT
_____ LAST NAME	_____ FIRST NAME	_____ RELATIONSHIP TO STUDENT

### Check (✓) types of information to release.

<input type="checkbox"/>	Academic Records	All final grades, GPA, credits earned, credits attempted, and degree(s) awarded
<input type="checkbox"/>	Accounting	Includes tuition/fee balances, financial holds, payment plans, and accounting statements
<input type="checkbox"/>	Course Grades	Grades earned in courses, tests, quizzes, assignments, projects
<input type="checkbox"/>	Disciplinary Records	Includes information related to College discipline matters
<input type="checkbox"/>	Financial Aid	Financial Aid Eligibility
<input type="checkbox"/>	General Information	Non-directory contact information
<input type="checkbox"/>	Registration	Information & documents related to enrollment dates, activities, eligibility, and residency

### Check (✓) the box below to cancel a previously submitted release form.

<input type="checkbox"/>	Cancel Previous Release	Selecting this option will revoke access for individuals previously granted access.
--------------------------	-------------------------	---

I hereby release Hillsborough Community College, its Trustees, Officers, and Employees, including the College Registrar, Agents or Assigns, from any and all liability for release of the above named records/information. This authorization is valid until canceled. The student may cancel this release at any time by submitting another FERPA form to a Student Services department on campus. **If anyone other than the student is submitting this form, you must attach a notarized letter with the student's signature and a copy of your photo identification.**

_____ STUDENT SIGNATURE	_____ DATE
----------------------------	---------------

*Student must submit this form to a Student Services department on campus for processing. Valid ID will be required.*

_____ NAME OF HCC REPRESENTATIVE (PRINT)	_____ SIGNATURE OF HCC REPRESENTATIVE	_____ DATE RECEIVED
---	--	------------------------