



CALHOUN
COMMUNITY COLLEGE

AUTHORIZATION to RELEASE or WITHHOLD INFORMATION

Please return your completed form to the Admissions and Records Office
(Huntsville or Decatur) or via email at admissions@calhoun.edu

***NOTE* A scanned picture ID must accompany your request. (Driver's License, Passport, Official Government ID)**

This form serves as student consent for records to be released to Parent(s), Legal Guardian(s), other tuition providers or other indicated individuals. This form may also be used to opt out of directory information disclosure. Exceptions may include those with a legitimate educational interest, such as financial aid, Board of Trustees, auditors, and the court system.

Student's Name: _____ Student ID#: _____

PLEASE READ:

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Calhoun Community College to disclose the information specified below to the following individual(s) or agency(ies):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

This consent shall be valid throughout the student's enrollment at Calhoun Community College and thereafter, but may be modified or rescinded by the student. The recipient of the student's information (as named on lines above) agree that they shall not disclose the specified information to third parties without the express consent/authorization of the student.

INFORMATION TO BE RELEASED:

The following information from my records at Calhoun Community College may be disclosed to the above specified person(s):

☐ Schedules, Grades and Academic Standing

☐ Disciplinary Records

☐ Tuition and Fee Statements

☐ Financial Aid Information

☐ All records or information pertaining to student

☐ **Please rescind my previous request to allow release of my personal and/or educational information.**

☐ Please do not release my directory information to anyone other than those defined
as having a legitimate educational interest*

I have read and understand the contents of this consent form pertaining to
the Family Educational Rights and Privacy Act of 1974.

Student's Signature: _____

Date: _____

For Admissions Office Use Only

Processed by: _____

Process Date: _____

* Directory Information includes: name, address, telephone listing, email address, date/place of birth, major field of study,
dates of attendance, enrollment status, class standing, degrees, honors, awards, most recent educational agency or institution attended.