



Family Educational Rights and Privacy Act (FERPA)
Consent to Release Student Information

Please return this form to Enrollment Services at any campus.

Student Name: _____ Student S#: _____

I hereby authorize PPSC to release any of the information initialed below to the following person or agency:

Name: _____ Agency: _____

Address: _____

Number & Street City State Zip

All Educational related records at PPSC OR Only the initialed items below Student Initials

Table with 4 columns: Student Initials, Admission Application, Transcript, Grade(s) Information, GPA, Class Schedule, Enrollment Status w/dates, Account Balance/Payments, Police Reports, Registration/Transcript Holds, Disciplinary Sanctions, Financial Aid Information, Veteran Affairs, Other/Please describe.

I assign the listed four-digit PIN for my information to be accessed through email or on the phone by the party listed above. If no PIN is assigned, I understand the party listed above must come in person with a government issued picture ID.

PIN: _____

This authorization is considered valid until the DATE: _____

OR

Student Initial: _____, I acknowledge that this form will otherwise remain in effect until I am no longer an active student at PPCC. If I return to PPSC, I will need to submit a new release form.

Student Signature: _____ Date: _____

**Student must present a valid picture ID and sign this form in the presence of an official college employee.

PPCC Official: (Print) _____ Signature: _____ Date: _____

Signature of Notary if applicable: _____ Date: _____

**This form may also be signed in front of a notary and must be stamped/signed accordingly if travel to PPSC is not possible.