

## ANNUAL FERPA RELEASE AUTHORIZATION FORM

## **John Wood Community College**

1301 South 48th Street Quincy, IL 62305-8736 Records Registrar Office

## **WHAT IS FERPA**

FERPA, the Family Educational Rights and Privacy Act of 1974, as Amended, protects the privacy of student educational records. It gives students the right to review their educational records, the right to request amendment to records they believe to be inaccurate, and the right to limit disclosure from those records. An institution's failure to comply with FERPA could result in the withdrawal of federal funds by the Department of Education.

FERPA RELEASE AUTHO	DRIZATION	AID Year
To authorize the release of I Office of Enrollment Service		t complete all items below and submit this form to th
Student's Name (print) :	Phone/Ce	ell: J# or SSN:
Information to Be Rele	ased (Please check)	
All Institutional Records	ds Academic Progress	s & Status (including grades)
	Course Schedules	
	Holds/Obligations	
	☐ Tuition Account	
	☐ Financial Aid Award	ds/All FA Documents
	i maneiai / iia / iwai	
	Other	······································
Specific Internal JWCC Offic	Other	
Specific Internal JWCC Offic	Other	
Individual/Organization:	Other  o the following:  es (i.e. public relations, Perkins, etc.):	
Specific Internal JWCC Office Individual/Organization: Name Name The above information will be only. It is necessary to send a	OtherOtherOtherOther following:  Sees (i.e. public relations, Perkins, etc.):  Address (street , city, st, zip)  Address (street , city, st, zip)  released with my full consent. I understand that this written letter to revoke this authorization prior to the	Relationship
Specific Internal JWCC Office Individual/Organization: Name  Name  The above information will be only. It is necessary to send a must be completed each aid years.	OtherOthe following:  Description of the following:  Description of the following:  Description of the following:  Address (i.e. public relations, Perkins, etc.):  Address (street, city, st, zip)  Address (street, city, st, zip)  Address (street, city, st, zip)  released with my full consent. I understand that this written letter to revoke this authorization prior to the ear.  Bed by the student in person or submitted with a state of the consent.	Relationship  Relationship  Relationship  s authorization remains in effect for specific academic year e expiration date, if I choose to end it sooner. A new form