

Student Name (First, Middle, Last): _____

ctcLink ID Number: _____ Email: _____

Request to Disclose Additional Information/Request for Non-Disclosure

In compliance with the Federal Family Educational Rights and Privacy Act (FERPA), South Seattle College limits the amount and type of information shared with people other than the student. By submitting this form, the Registration Office maintains a list of individuals whom the student has granted access to their student record. The student must include the specific names of whom they authorize. For example, names of family members, scholarship providers or funding agencies, or employers. The Registration Office staff will release the student's information in person after the requestor provides proper identification (state issued picture ID), or to the specific email address listed. Additionally, this form could be used to indicate that no information can be released to anyone at any time.

The student must submit this request in person via email to ssccregistration@seattlecolleges.edu or in-person in the Student Services Lobby – Robert Smith Building. Email must be from the student's Seattle Colleges student email or from the email listed on the student's ctcLink account.

 YES, I authorize the release of information in my student record: In-person (after checking proper picture identification) Via email(s) to _____ or _____

Person you are authorizing: _____ Relationship to you: _____

Person you are authorizing: _____ Relationship to you: _____

Select the information you are authorizing us to release:

- | | | |
|--|---|--|
| <input type="checkbox"/> ALL | <input type="checkbox"/> Address and phone | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Class Schedule | <input type="checkbox"/> Financial records | _____ |
| <input type="checkbox"/> Placement information | <input type="checkbox"/> Class attendance information | _____ |
| <input type="checkbox"/> Unofficial transcript information | <input type="checkbox"/> Current grades | _____ |

 NO, I do not authorize the release of information in my student record to be released to anyone.

This means that your information will not be released or provided to anyone unless requested by the student.

By signing this release, you understand and confirm that your student information may be disclosed to the person(s) listed above. This release is in effect until (date): _____.

Student Signature: _____ Date: _____