Schoolcraft College

Records Office
18600 Haggerty Road, Livonia, MI 48152
Phone: 734-462-4336
Fax: 734-462-4506
Email: screcord@schoolcraft.edu
www.schoolcraft.edu/student-records

FERPA Information Release Authorization Form

Students wishing to allow another person access to their records should **complete all sections** of this form. It is the student's responsibility to keep this form current. If the date range has expired when a request for information is made, it will not be honored. If the dates are left blank, this form will expire two years from the date it was received. **This form MUST be turned in to the Records Office or sent to <u>screcord@schoolcraft.edu</u> with a copy of the student's driver's license.**

Student Name_____Student ID#_____

Last four digits of SSN_____Date of Birth _____

I authorize Schoolcraft College to release:

☐　　College Transcripts　　　　☐　Grades　　　　　☐　Class Attendance

☐　　Financial Aid　　　　　　　☐　Academic Performance　☐　Student Appeals (SC aware)

☐　　Disability related issues　　☐　Student Conduct & Discipline

To: _____

Start Date_____/_____/_____　　　End Date_____/_____/_____

Password (**Required**)_____

I authorize the sharing of my information with the person/people named above, which includes college transcripts, grades, financial aid/student accounts, academic performance, class attendance, disability related issues (i.e. advocating for services needed, timely requests, etc.), student appeals (SC aware), student conduct and discipline. **This form <u>does not</u> cover password resets for WebAdvisor, BlackBoard, Student Email, or Wireless access. It is the student's responsibility to contact the school for assistance.**

Student Signature_____Date: _____

FOR OFFICE USE ONLY
Checked student's identification ☐　　**OR**
Attached a copy of the student's driver's license (if sent via email only) ☐
Entered in PERC ☐
Date Processed_____**Processed By** _____