

Schoolcraft College
FERPA Information Release Authorization Form

The student should complete this form to allow another person to access their records. 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 ending date is left blank, this form will expire two years from the date it was received.**

The **student** needs to complete **ALL** sections of this form and bring it to the Registration Center in the McDowell Building, Room 240. **If you are faxing the completed form, please include a copy of your driver's license and fax to 734-462-4506.**

I, _____, XXX-XX-_____ or _____
(Student name) (Last four digits of SSN) (Student ID #)
_____, authorize, upon the expressed request of any of the following:
(Date of birth-mm/dd/yy) (Password)

Name & Relationship to student _____

Name & Relationship to student _____

Schoolcraft College to release the following information: (check all that apply)

- ___ College Transcripts
- ___ Grades
- ___ Student Accounts
- ___ Academic Performance
- ___ Class Attendance
- ___ Disability related issues (i.e. advocating for services needed, timely requests, etc.)
- ___ Financial Aid

I grant this access to the individuals specified beginning ____/____/____ and ending ____/____/____.

Student's signature _____ Date _____

Staff signature _____ Date _____

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