

# ODESSA COLLEGE

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# Grant Access to Student Records

## FERPA: The Family Educational Rights and Privacy Act

FERPA is a federal law designed to protect the privacy of a student's education records. The law applies to all institutions of higher education which receive funds under applicable programs of the U.S. Department of Education. This act protects your personal information from unauthorized distribution to third parties. With limited exceptions, Odessa College must have a signed acknowledgement from you before personal information can be released to a third party (i.e., spouse, parent, employer, etc.).

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ OC ID: \_\_\_\_\_

This form is your signed consent for Odessa College to release the indicated educational records to the individual identified. One form is required per authorized individual. If you wish to revoke this authorization, you will need to fill out a *Revoke Access to Student Records* form. Please fill out this form on-line, print, sign, and return to one of the offices indicated below. Once received, the document will be processed in 2 to 3 business days.

I \_\_\_\_\_ the undersigned, hereby authorize Odessa College to release the following educational records to the designated individual or entity listed below (check all that apply):

- Academic Records/Transcript (Help Center, Records, WEC, Admissions)
- Student Financial Services (Financial Aid Office)

Use of a password is recommended, but optional. Access to student records will only be granted to the individual listed below when they provide the password you assign, if you list one. *Be sure to give the password to the person identified below.* Odessa College will not release any of your information unless the authorized individual provides the password.

**Please enter password:** \_\_\_\_\_

### Designated Individual/Entity

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship:  Parent  Spouse  Other (describe) \_\_\_\_\_

By signing this authorization, I am waiving my rights of nondisclosure of my student records under FERPA to the person or entity specifically listed herein. I hereby release and hold harmless Odessa College from any and all claims and liabilities that may arise from my instructions, including unauthorized viewing of my information by unintended recipients of mail or fax transmissions. If I am a dependent for tax purposes, Odessa College may (but is not required to) release educational records to parents and legal guardians, regardless of my consent. **This executed FERPA Release Form will be in effect and retained in my student records from the date indicated below until I notify Odessa College of a change using the *Revoke Access to Student Records* form, unless One-Time Release is checked below.**

ONE-TIME RELEASE TO ABOVE NAMED INDIVIDUAL/ENTITY – EXPIRES ON \_\_\_\_\_ (date)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **RECORDS OFFICE:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Copy to Financial Services