

Student Information Release Form (FERPA)

Subject to certain exceptions (known as Directory Information) set forth in the Federal Family Education Rights and Privacy Act (FERPA) of 1974, Eastern Arizona College will not provide personally identifiable student information to third parties without the student's signed, written permission. This information includes, but is not limited to: registration, student financial records, assessments, financial aid, and other student records.

You, the student, may grant Eastern Arizona College permission to release authorized information to a third party by submitting this completed form. Third parties include, but are not limited to: parents, spouses and third-party sponsors. A separate form must be submitted for each person/agency to which you wish to grant access to your information. Authorized information will be provided only upon request by, and proof of identity of, the third party.

Print Student Information				
First Middle	Last	Student	Student ID Number	
Current Mailing Address (Street, City, State, ZIP)	v, State, ZIP) Current Phone Number			
Print Third Party Designee: PERSON				
Name		Relationship to Student		
Address (Street, City, State, ZIP)		Birthdate	Last 4 Digits of SSN	
Print Third Party Designee: AGENCY				
Name				
Address (Street, City, State, ZIP)			Phone Number	
☐ Financial aid awards, application data, disbursem	ass schedule, transcripts and/or enrollment informat nents, eligibility and/or financial aid satisfactory acade ents, charges, credits, payments and past due amour	emic progress (Financial Aid)		
Incomplete, incorrect, unsigned or undated forms will form will be returned to the student.	not be accepted and will be returned to the EAC empl	loyee witnessing the form; if witn	essed by a notary public, the	
By submitting this form, you are not giving the third pa department, the college reserves the right to speak only		ts on your behalf. If you are cont	tacted by phone by any college	
Certification: By signing below, I consent to the release	of the personal student information specified above	to the individual or agency listed		
Student Signature		Date		
The signing of this form must be witnessed by an EAC student has granted that information be released to the				
EAC Employee Printed Name	Signature	 Date		

Submit to the Registrar's Office for processing. Copy to: Student.