FERPA RELEASE/PROXY AUTHORIZATION – The Colleges of DCCCD

The **Family Educational Rights and Privacy Act of 1974**, commonly referred to as **FERPA**, provides that all non-directory record information pertaining to a student (currently or formerly enrolled) that is maintained by the College must be available for inspection, review, and amendment by the student. Release and/or disclosure to third parties requires written authorization from the student in most cases. The Colleges of the Dallas County Community College District require this authorization to be submitted by the student to the College, accompanied by the student's valid photo ID. In addition, the student must specify the person(s) to whom authorization is being given, the relationship of the person(s) to the student, designated documents if not all-access, and the duration of the authorization. Only natural persons may be named as parties to this authorization; corporate entities may not be listed as authorized parties. Authorization submitted to any of the DCCCD Colleges will be considered authorization for the Colleges of DCCCD: Brookhaven College, Cedar Valley College, El Centro College, Eastfield College, Mountain View College, North Lake College, and Richland College.

>>>THIS FORM WILL NOT BE ACCEPTED IF STUDENT PHOTO ID IS NOT PRESENTED AT THE TIME OF SUBMISSION<<<

STUDENT INFORMATION

Student Name (please print): _____ _____ _____

Last Name | **First Name** | **Middle Initial**

Student DCCCD ID Number: _____ **Optional – Student date of birth:** _____

*(Do NOT list SSN. **Copy of student's photo ID is required**)* (if ID number is unknown)

I hereby grant approval to any and all of the Colleges of the DCCCD for the release of my student record information to the person(s) named below.

Student Signature: _____ **Beginning Date**: _____ **End Date**: _____

(Presumed one year if left blank)

AUTHORIZED RECORD ACCESS (**Check all that apply**. If no selection is made below, access to "ALL" records will be presumed.)

- ☐ **ALL** – *Includes all student record information on file and permits authorized person(s) to act as a proxy for the student*
- ☐ **OFFICIAL TRANSCRIPT(S)** – *Permits authorized person(s) to order official transcripts of the Colleges of DCCCD to be sent to a third party individual, institution, company, or other organization*
- ☐ **DIPLOMA/CERTIFICATE** – *Permits authorized person(s) to obtain any diploma(s) and/or certificate(s) earned by student*
- ☐ **ENROLLMENT VERIFICATION** – *Permits authorized person(s) to verify student enrollment in any/all of the Colleges of DCCCD*
- ☐ **REGISTRATION** – *Permits authorized person(s) to add or drop classes on behalf of student*
- ☐ **OTHER** (Please specify) - _____

AUTHORIZED PERSON(S) (Please print clearly. List each authorized person and relationship to student: **P=Parent, G=Guardian, S=Spouse, O=Other**

*** Note: Authorized person(s) *MUST* present photo ID at time of transaction.**

			P	G	S	O
☐	Release to _____	Relationship to student (Mark only one)	☐	☐	☐	☐
☐	Release to _____	Relationship to student (Mark only one)	☐	☐	☐	☐
☐	Release to _____	Relationship to student (Mark only one)	☐	☐	☐	☐
☐	Release to _____	Relationship to student (Mark only one)	☐	☐	☐	☐
☐	Release to _____	Relationship to student (Mark only one)	☐	☐	☐	☐

FOR OFFICE USE ONLY

STUDENT PHOTO ID IS *REQUIRED* WITH FORM **Verified by** _____ **Date** _____

COLLEGE RECEIVING SUBMITTED FORM _____