



Student Disclosure Form

The Family Educational Rights and Privacy Act (FERPA) affords eligible students (who are 18 years of age or older or who attend a postsecondary institution) certain rights with respect to their education records.

Student Name _____

Student ID #: J00 _____

I authorize Jefferson State Community College to release information within my education records for review to the party/parties listed below.

Name: _____

Address: _____

Name: _____

Address: _____

Student Signature: _____ Date: _____

This form must be submitted by the student in person with a valid primary photo ID. If the student cannot submit this form in person, he/she may submit it electronically (admissions@jeffersonstate.edu) with a copy of his/her valid primary photo ID. The decision on this form can be changed at any time by submitting a new form to Enrollment Services.

Office Use Only

Received By: _____

Date Received: _____