

**SALT LAKE COMMUNITY COLLEGE
ENROLLMENT SERVICES
Student Consent For Release Of Records**

TO: SLCC Enrollment Services

FROM: _____
Name of Student Student Number

Street Address City State Zip

Under Federal legislation, namely the "Family Educational Rights and Privacy Act of 1974", I understand that my education records cannot be released without my written permission or a Parental Affidavit of Dependency certified by my parent or guardian.

NOTE: FERPA privacy and disclosure rights are assigned to the student. Only the student can authorize the release on non-directory information contained in the student's education records unless specific exceptions exist as outline in FERPA.

I, therefore, request that the information listed below be released to the following:

Name

Street Address City State Zip

Information to be released:

Purpose: _____

I understand that I must make this request for information each time it is needed.

Signed this _____ day of _____, _____.

Signature of Student