

Student Authorization Release Form

Student Consent for Disclosure of Educational Records from Austin Community College

In order to comply with federal laws dealing with confidentiality of official student records (**Family Educational Rights and Privacy Act—FERPA**), you, the student, must sign a release if you wish to authorize the release of PII (*personally identifiable information*) contained in your educational records.

IMPORTANT— Person receiving record(s) must present his or her official identification!

I _____, consent to the release of *personally identifiable information* in my student records at **Austin Community College**. I further understand that these records will be kept strictly confidential by all parties to whom access is granted. I understand that I have the right not to consent to the release of information in my student records, and that I may revoke this consent at any time by giving written notice to Austin Community College, a member of the Austin College Access Network (**ACAN**).

List Educational or Other Record(s) to be Disclosed:

- ALL of my records** including, but not limited to, demographic data, grades, test scores, transcripts, diplomas and other personal and/or confidential information.
- Specific Record(s) Released _____

Purpose of Disclosure:

- I understand that this requested information is to be used to strengthen and improve practice among the network of service providers, district college-readiness personnel and college student services practitioners to help Texas students who are traditionally under-represented in higher education become college-ready, gain access to, and succeed in their postsecondary aspirations. Your information will be shared with your participating ACAN member organization only. Participating ACAN members include, but are not limited to: **Austin Partners in Education, Breakthrough Austin, College Forward, Con Mi Madre, Communities In Schools, Hispanic Scholarship Consortium, and KIPP Public Schools.**
- Other _____

Term of Disclosure:

- I understand that this authorization will remain in effect until I revoke it in writing.
- Other _____

I hereby affirm that I have read this release form, and give permission to the release of my PII (personally identifiable information).

Print Student Name

Social Security # (or Alternate ID given by institution)

Signature of Student

Date

Signature of Parent or Guardian, if under 18 years of age

Date