DAVIS TECH FERPA Disclosure and Release/Suppress Form

DAVISTECH
DAVIS TECHNICAL COLLEGE

Student Name: _____ **Student ID** _____

The Family Educational Rights and Privacy Act (FERPA) of 1974 prohibits Davis Tech from releasing certain personally identifying information from a student's record to a third party (parent, spouse, employer, sponsor, etc.) without the student's written consent. This form authorizes certain entities to have access to the identified student's academic or financial aid records. Upon approval of this form, College officials may disclose personally identifiable information from the student's education record to the individuals/entities listed below. Information that may be released includes, but is not limited to, the following: eligibility to enroll/register, coursework completed, transcripts, academic standing, schedule, balance due, and financial aid information.

*In accordance with FERPA, the College reserves the right to release Directory Information unless the student has requested that such information be suppressed.

DO NOT SIGN this form until you are presenting your ID to a Student Services representative at Davis Tech or a Notary Public.

I understand that the individual(s) listed below who request information in person will be REQUIRED to provide picture ID. By indicating an email address, Davis Tech officials may correspond via email with the person using that email address. When inquiring by telephone, the person will be REQUIRED to provide a password to have access to my information. Entities will be identified by their phone number. Agencies who provide funding for a student (Department of Workforce Services, Vocational Rehabilitation, etc.) may have automatic access to progress, attendance, and financial aid information.

Type of RECORD information: ☐ **Release** ☐ **Suppress***

_____ Academic records (transcripts, attendance, progress, etc.)
_____ Financial Aid/Billing
_____ Demographics/Photographs

Authorization to Release to:

Name:	Relationship:	Date of Birth:
Email Address:		Phone Number:
Password:		

Name:	Relationship:	Date of Birth:
Email Address:		Phone Number:
Password:		

Entity: (Department of Workforce Services, Vocational Rehabilitation, etc.): _____

➢ _____ _____
Student's Signature Date

➢ _____ _____
Witness Signature Date

_____ _____
Processed By (College official) Date

Notary Public Information: This form must be notarized if not completed in the presence of a Davis Tech representative.

_____ _____
Notary Public State of

_____ _____
My Commission Expires County of

_____
SEAL Date

Last Updated: 2022.06.29

DAVIS TECHNICAL COLLEGE
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