



574 New London Turnpike Norwich CT 06360

REGISTRAR'S OFFICE

Phone: (860)215-9064

FERPA - Family Educational Rights and Privacy Act
CONSENT FOR THE DISCLOSURE OF EDUCATION RECORDS

THIS FORM MUST BE COMPLETED and SIGNED IN PERSON by the student and submitted to a Registrar's Office staff member. (Forms submitted otherwise will not be considered valid and will not be accepted) FERPA makes no provision for signature by anyone on the student's behalf. In particular, signing by another via a "Power of Attorney" is not authorized by FERPA.

@ Banner ID# Date of Birth

I, (student name - please print) hereby authorize Three Rivers Community College

faculty and/or staff to release:

- Academic record(transcript)
Admission
Financial Aid
Grades
Tuition & Fees
Other(please specify) if authorizing other information to be released

to the following:

Parent's name, organization or other designee

CT Department of Children and Families (DCF)

CT Department of Social Services (DSS)

For the semester(s) and year below: (please check one or all)

Fall Spring Summer

Purpose of Disclosure:

With my signature, photo ID and date signed, I acknowledge that this request is valid and authorize photocopies of this FERPA Consent for the Disclosure of Education Records.

Student Signature: Date signed:

Signature and student photo ID verified by staff member: Date received:

This document will be filed in the Registrar's Office