ACADEMIC AND BEHAVIOR FERPA RELEASE

RCC ID _______________________________

I, ____________________________________, authorize the following individual(s) or agencies:

1. ____________________________________
2. ____________________________________
3. ____________________________________
4. ____________________________________

I authorize access to my educational records at Rogue Community College including, but not limited to, grade reports, transcripts, classroom performance/behavior, statements of my student account, financial aid, and other pertinent information.

To ensure the security of your educational records, please provide an Authorization Question & Answer and share both with the above named individuals/agencies. They will be asked this question and must provide the correct answer before your records will be shared with them.

Authorization Question ________________________________________________

Authorization Answer ________________________________________________

Example Question: What is my dog’s name?
Example Answer: Skippy

I understand that the purpose of this release is to assist with my personal and academic success. I further understand that this authorization will remain in effect until a signed cancellation is submitted to Rogue Central.

_________________________________________  __________________________
Student’s Signature  Date

Submit completed form in person to:
Rogue Central Redwood Campus (RWC)
3345 Redwood Hwy.
Grants Pass, OR 97527
Fax: 541-471-3585*

Rogue Central Riverside Campus (RVC)
117 S. Central Ave
Medford, OR 97501
Fax: 541-245-7648*

Rogue Central Table Rock Campus (TRC)
7800 Pacific Ave.
White City, OR 97503
Fax: 541-245-7976*

Email: rcs@roguecc.edu *

*Releases not submitted by the student in person must be accompanied by a copy of the student’s photo ID

For Office Use Only

Date received __________________________  By __________________________