

The Family Education Rights and Privacy Act (FERPA) of 1974 only allows access to student records with a written release.

RCC ID _____

I, _____ authorize the following individual(s) or agencies:
(PRINT Student's Name)

1. _____
2. _____
3. _____
4. _____

complete 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 the Registrar.

 Student's Signature

 Date

Submit completed form in person to:	Registrar Redwood Campus (RWC) 3345 Redwood Hwy. Grants Pass, OR 97527 Fax: 541-471-3585*
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Email: registrar@rogucecc.edu *

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

<i>For Office Use Only</i>	
Date received _____	By _____