



Consent to Release Student Education Record Information

Student Name (Last, First, MI)

Student Identification Number

Social Security Number

The Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, seeks to guarantee both a student's right of access to records and the confidentiality of student information. In accordance with federal law and College policy, we generally will not share student academic information (apart from directory information) with third parties, including parents or spouses, without student consent.

This form allows students to grant parents, guardians, spouse, and/or others access to all academic records, including grades and financial information associated with those records. This form does not pertain to medical records or inquiries.

All permissions granted will stay in effect until revoked by the student.

Name

Name

Relationship to Student

Relationship to Student

Address

Address

City State Zip

City State Zip

Phone

Phone

E-mail

E-mail

Identity Question/Answer for designated person(s) (complete one)

- 1) In what city or town was your mother born? _____
- 2) What was the name of the street on which you grew up? _____
- 3) What was the name of your first pet? _____

STUDENT CONSENT

I give my permission for the above person(s) to have access to my academic records. **Note: If directory information has been restricted (see back page for definition), then no information will be released even to the parties designated above.**

Student's Signature

Date

Please return this form to the Office of the Registrar, 100 College St, Winfield, KS 67156; FAX (620) 229-6384; or e-mail scanned copy to registrar@sckans.edu.

**IMPORTANT! COPY OF THIS FORM SHOULD BE KEPT BY DESIGNATED PERSON(S).
IDENTITY QUESTION WILL BE USED AS PART OF VERIFICATION PROCESS.**

WHAT DOES SOUTHWESTERN COLLEGE CONSIDER DIRECTORY INFORMATION?

Directory information can be given out *without* the student's written consent. Southwestern College defines directory information as:

| | |
|--|--|
| Academic level (class level) | Enrollment status (FT/PT; currently enrolled; number of credits enrolled in) |
| Address (local, permanent, parent/guardian) | Height and weight of athletes |
| Awards and honors received | Major and Minor |
| Class type (Main Campus or Professional Studies) | Most recent education institution attended |
| Date of birth | Name |
| Dates of attendance | Organization and sports participation |
| Degrees received | Phone (local, permanent, parent/guardian) |
| E-mail address | Video/Photograph |

This information can be released to anyone, unless restricted by written authorization of the student. Contact the Office of the Registrar if you wish to restrict this information.

Note: If directory information has been restricted, then no information will be released even to parties designated on this form.

**IMPORTANT! COPY OF THIS FORM SHOULD BE KEPT BY DESIGNATED PERSON(S).
IDENTITY QUESTION WILL BE USED AS PART OF VERIFICATION PROCESS.**

Rec'd by Reg. Office: _____

Processed by & Date: _____

Rev. Mar. 2022