



Consent to Release Student Records

Oregon Coast Community College (OCCC) shall follow all applicable federal and state laws (FERPA), rules and regulations and college policies which apply to student records. All information contained in the college records which is personally identifiable to any student and has not been defined as "Directory Information", shall be kept confidential and not released except upon prior written consent of the student or upon the lawful subpoena or other order of the court of competent jurisdiction. In addition, please note the following information related to this release of information form.

All students will conduct their own business with the college.

This form provides consent for OCCC to release information to the authorized third party.

This release of information form does not provide authorization to conduct business or otherwise act on behalf of the student.

All information released occurs at OCCC's discretion.

It is the responsibility of the student to submit, in writing, any changes or cancellations to the Consent to Release Information Form they submitted. The Consent to Release Information Form they submitted will remain valid until that time

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To give consent a student must

1. Present valid photo identification when submitting the form.

_____ ID verified by _____
Staff/Faculty name

2. Fill out and sign this form in person using black or blue ink only.
3. Fill out completely and return to Student Services at 400 SE College Way, Newport, OR 97366, or by fax at (541) 867-8559

Name (print legibly): _____ OCCC Student ID: (7 digits) _____

Date of Birth: _____ Email: _____ Phone #: _____

Local Mailing Address: _____

Permanent Mailing Address: _____

Specific Records to be Released: (check all that apply).

- | | |
|---|--|
| <input type="checkbox"/> All Records | <input type="checkbox"/> Schedule/Enrollment |
| <input type="checkbox"/> Personal Information: name, date of birth, address | <input type="checkbox"/> Test Scores |
| <input type="checkbox"/> Financial Records | <input type="checkbox"/> Grades |
| <input type="checkbox"/> Financial Aid Information | <input type="checkbox"/> Unofficial transcripts
(request official transcripts from PCC) |
| <input type="checkbox"/> Other (please list) _____ | |

Restrictions (if any) _____

Purpose of Disclosure: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Deferment | <input type="checkbox"/> Financial Aid |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Interpreter |
| <input type="checkbox"/> Payment | <input type="checkbox"/> Other (please specify) _____ |

Release Information To:

Person/Organization _____
Address _____
City _____ State _____ Zip _____
Phone # _____
Email _____

Person/Organization _____
Address _____
City _____ State _____ Zip _____
Phone # _____
Email _____

Student Responsibilities & Phone Access

It is the responsibility of the student to submit, in writing, any changes or cancellations to the Consent to Release Information Form they submitted. The Consent to Release Information Form they submitted will remain valid until that time.

Phone access to your records requires an access code. The code will be used to verify the identity of the inquirer. If omitted, the person or organization must come into the college and show valid, photo identification in order to receive the requested information.

Access Code _____

(six characters, at least one letter and at least one number).

I hereby authorize OCCC to release confidential information about me contained in the college's records. I agree to hold OCCC and its employees harmless for any unauthorized use of my student records by the parties named in this form.

Student Signature _____ Date _____