

Cape Cod Community College

Office of the Registrar 2240 Iyannough Road West Barnstable, MA 02668-1599

STUDENT CONSENT TO RELEASE INFORMATION TO PARENT/S OR OTHER PARTY

Understanding my privacy rights under FERPA, I consent to giving to my parent/s or other party, access to the information contained in my education records, including, but not limited to:

Academic (i.e., grades, student schedule, academic transcript)

Financial (i.e., student financial account, financial aid, scholarships)

This consent does not cover medical records held solely by Student Health Services or records held by other offices or individuals. I also understand that it is my own prerogative and responsibility to allow any other party access to my User Name, Password or PIN as that information will not be released by the College.

| | and/or |
|---|--|
| Mother's / Guardian's Name | Father's / Guardian's Name |
| Other Party | |
| specified above. Further, I agree to release, indemremployees, officers, and agents, from all liability f | ommunity College to release my education record informationify, and hold harmless Cape Cod Community College, its for damages of whatever kind which may result on account o with this authorization. I understand that this access will con |
| Student's Name: | CCCC ID #: |
| Social Security #: | DOB: |
| Student's Signature: | Date: |
| Request copy be given to Financial Aid | Office Yes No |
| STUDENT REVOCATION OF PARENTAL O | R OTHER PARTY ACCESS |
| Understanding my privacy rights under FERPA, I and in my education records. I a | revoke the access my parent/s or other party have had to the lso understand that a revocation of access does not apply to |
| Understanding my privacy rights under FERPA, I and information contained in my education records. I and information being sought through a lawfully issued | revoke the access my parent/s or other party have had to the lso understand that a revocation of access does not apply to d subpoena. and/or |
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