Office of the Registrar

973-300-2215

STUDENT INFORMATION RELEASE

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA) as amended, the College requires written authorization from a student to release personally-identifiable information, other than Directory Information, to third parties, including parents, from Education Records it maintains.

SCCC has designated certain information in the Education Records of its students as directory information for the purposes of FERPA. Directory information may be released without the consent of the student at the discretion of the College, unless the student informs the Office of the Registrar in writing, within the first ten class days, that all such information about him or her is not to be made public without his or her consent.

The following is considered directory information at SCCC: name, address, major, sports participation, height and weight of the sports team members, dates of attendance, full- or part-time enrollment status and degrees, honors and awards received.

Use of this form will grant SCCC permission to release additional information as specified below:

Student Information - <u>Please Print</u> :		
ID#:	Phone:	
Last Name:	T' (NI	
Full Mailing Address:		
City:	State:	Zip Code:
Party with whom information will be discussed:		
Last Name:	First Name:	
Full Mailing Address:		
City:		Zip Code:
Information covered by the release:		
Grades Academic Performance	Career Goals	Attendance
Other (please specify):		
By signing this form, I understand the above informatindicated until I am no longer enrolled at Sussex County C this authorization at any time by notifying the Office of the	ion will be released, with my Community College. I further u	full consent, to the party
Student Signature:		Date:
Copy: Office of	the Registrar and student	
	fice Use Only	
Document Scanned and filed in Share Folder: Date	 Initial	

Revised 06/16/16