



# Authorization to Release Student Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 protects most student information from release by the College. Please see the current Guam Community College Academic Catalog for additional information about FERPA.

In most cases, we must have your written permission to disclose non-directory information about you to a third party. This means we must have your permission to discuss your financial aid or account balance with a parent, your grades with a spouse or prospective employer, or other non-directory information with any third party.

As a student, you may complete this form to grant GCC the right to release your information to specific third parties (such as parents, spouses, and/or sponsors).

<b>Last Name</b> _____	<b>First Name</b> _____
<b>Student ID</b> _____	<b>Program</b> _____
<b>Email</b> _____	<b>Phone</b> _____
<b>Semester</b> _____	<b>Year</b> _____

**I hereby authorize Guam Community College to release and/or discuss education records about me to:**

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized individuals will be required to give the last 4 digits of their SSN and DOB to verify identity over the phone. This is to protect your confidential information.

I authorize Guam Community College to release ALL information to the above parties unless otherwise noted:

Information to exclude: \_\_\_\_\_

The above information will be released with my FULL CONSENT I understand that this authorization is effective on the date signed. I understand that I can submit a written request to cancel my authorization at any time.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_