



**YORK COUNTY COMMUNITY COLLEGE
ACADEMIC and FINANCIAL AID RECORDS
FERPA RELEASE FORM
(Family Educational Rights and Privacy Act)**

I, _____, authorize York County Community College to release the following educational records for the purpose of _____.

Please check type of record and circle the specific items you which to be released:

_____ Academic/Transcript Records: transcripts, admission and registration information, schedule information, assessment test scores, satisfactory academic progress status, residency information and any other documentation contained in my academic record.

_____ Financial Aid Records: status of file, award and disbursement of funds information, satisfactory academic progress status, income information, and any other information contained in the application or financial aid file.

_____ Other (please specify) _____

I authorize the following individual(s) to have access to the information listed above:

Name _____

Address _____

Relationship to student _____

I understand that I am not required to grant permission to release this information, however, I am granting my consent to York County Community College to disclose these records. I understand that **this release remains in effect for one calendar year from the date it is received by YCCC**, unless I revoke my consent in writing and deliver it to the Enrollment Services Office.

Signature of student

student ID #

Date

Original will be kept on file in the Enrollment Services Office.