

The Family Educational Rights and Privacy Act (FERPA) establishes certain rights for students regarding the privacy of their educational record. While parents/guardians/spouses/and others may have an interest in the student's record, access to or release of the educational record is only by written student consent. Students may complete and submit a "FERPA Release Form" to their college or university of attendance to allow access or release of their educational record. Additional information may be found at <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html?src=ft>

## FERPA Release Form

I, \_\_\_\_\_, the undersigned, authorize \_\_\_\_\_  
(Please print full name) (Name of College or University)

to release the following educational records:

- **Academic Records**  
Includes courses taken, grades received, GPA, academic progress, honors, transfer credit awarded and degree(s) awarded.
- **Accounting/Financial Aid**  
Includes tuition and fee balances and all general financial aid information.

Released records will be used for the purpose of:

- Determining eligibility for financial assistance from the Big Sandy Area Community Action Head Start Program for college coursework.
- Determining if qualifications required for employment as a Head Start Staff Member are being met.

Person(s) to whom information may be released:

Patti J. Miller	Big Sandy Area Community Action Program (BSACAP)
<u>Quality Control Manager</u>	<u>Head Start Grantee Office</u>
(Name/Position)	(Organization)

230 Court Street; Paintsville, Kentucky 41240

I understand the information may be released orally or in the form of copies of written record or electronically via facsimile or email, as preferred by the requester. I have the right to inspect any written or electronic records pursuant to this Consent (except for certain letters of recommendation for which the student waived inspection rights). I Understand I may revoke this Consent upon providing written notice to the college or university listed above. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to Patti Miller, Quality Control Manager, BSACAP Head Start Grantee Office for the specific purpose described above.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Date