



# ILISAGVIK COLLEGE

## EDUCATION RECORD RELEASE FORM

Ilisagvik College respects the privacy of its students; therefore, the employees of the college strictly adhere to the *Family Educational Rights and Privacy Act of 1974 (FERPA)*. Ilisagvik College maintains the following directory information:

- Name
- Legal Home Permanent Address
- Hometown
- High School Attended
- Previous of Future Institutions of Study
- Parents'/Guardians' Names and Hometown
- Campus Email Address
- Photograph or Video Clip
- Dates of Attendance
- Class Year
- Major Field of Study
- Degree, Honors, and Awards Received
- Grade Point Average, **in recognition of achievement**
- Research or Special Curricular Projects
- Participation in Officially Recognized Activities

The primary purpose of the directory information is to allow the college to include this type of information from your education record in certain college publications. Examples include: college directory; yearbook; honor roll or other recognition list; graduation programs; news/publicity releases; and activities list. The Act provides that directory information (contact the Registrar's Office for additional information).

**No other information will be made available** unless the student gives Ilisagvik College written permission to release information to specific individuals regarding academic progress, student conduct, attendance, and financial affairs. An exception may include notification of appropriate individuals in a health or safety situation.

**Individuals requesting information regarding a student's academic progress, student conduct, attendance, and financial affairs will be asked for an identifier, which must be personal information that pertains to the student.**

### FERPA EDUCATION RECORD RELEASE FORM

I hereby give appropriate employees at Ilisagvik College permission to release information about my academic progress, student conduct, attendance, and financial affairs to the following persons. I understand that my permission remains in effect until such time as formally revoked.

Please print:

_____	_____	_____
Name	Relationship to Students	Phone #
_____	_____	_____
Name	Relationship to Students	Phone #
_____	_____	_____
Name	Relationship to Students	Phone #

I understand further that (1) I have the right not to consent to the release of my education records; (2) I have the right to receive a copy of such records upon request; and (3) that this consent shall remain in effect until revoked by me, in writing, and delivered to Ilisagvik College, but that any such revocation shall not affect disclosures previously made by Ilisagvik College prior to the receipt of any such written revocation.

Student Name (print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security or Student ID number: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Student Signature

CC: Instruction Student Services Registrar Financial Aid Business Office
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Return To: Student Services Attn: Dean of Students PO Box 749 Barrow, AK 99723 Ph: (907)852-1823 Fax: 907-852-1789
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