

ACC ALVIN COMMUNITY COLLEGE
Student Accessibility Services

Release of Information

Student Consent

In accordance with the *Family Educational Rights and Privacy Act of 1974 (FERPA)* and Alvin Community College, personally identifiable information in an education record may not be released without prior written consent from the student. The information listed below has been released with consent by _____.

(Student's printed name)

Information requested: (Identify specific forms, documents, or other information to be released).

Released to (Name and affiliation of person):

Student consenting to the release of information:

Name (print): _____ Student ID: _____

By signing this release of information, I hereby release Alvin Community College, its Trustees, Officers, and Employees, including Student Accessibility Services, from any and all liability for release of the above-named records/information. This authorization is valid until canceled. The student may cancel this release at any time by submitting a written request to Student Accessibility Services, Alvin Community College.

Signature: _____ Date: _____

Person releasing the information (Student Accessibility Services Staff):

Name (print): _____

Signature: _____ Date: _____