



Release of Information

The Family Educational Rights and Privacy Act (FERPA) bars an educational institution from releasing confidential information about a student—including information about and assessments of her/his academic performance—without the student’s express written consent. You may waive this right by completing this form. You have the right to deactivate this waiver at any time. If you at any time wish to reverse this decision, please complete another Release of Information form.

First Name	Last Name	MI	CCC ID Number or Date of Birth	
Address		City	State	Zip

The following records may be released/discussed:

All of my educational records maintained at Central Community College

OR

This consent is limited to the records indicated below (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Grades, credits, grade point average | <input type="checkbox"/> Progress reports |
| <input type="checkbox"/> Test or assessment results | <input type="checkbox"/> Academic advising records |
| <input type="checkbox"/> Disciplinary charges and proceedings | <input type="checkbox"/> Financial aid records |
| <input type="checkbox"/> Personal counseling records | <input type="checkbox"/> Other Specify _____ |
| <input type="checkbox"/> Student financial information | |

Please release the above information to the following:

Name:	
Address:	
City, ST Zip	

Name:	
Address:	
City, ST Zip	

Name:	
Address:	
City, ST Zip	

Name:	
Address:	
City, ST Zip	

Central Community College has my consent to release my information.

_____ **Student Signature**

_____ **Date**

Please bring this signed form to the Registration Office on campus or fax/mail to the following address:
 College Registrar
 Central Community College
 PO Box 4903
 Grand Island, NE 68802-4903
 Scan and email to: LinkingReg@cccneb.edu