



EASTERN IOWA COMMUNITY COLLEGES

CLINTON ♦ MUSCATINE ♦ SCOTT

Adult Education and Literacy Program Student Consent to Release Educational Records

Pursuant to the Family Educational Rights and Privacy Act (FERPA), the Iowa Fair Information Practices Act, Iowa Code Section 22.11 (1897), and Eastern Iowa Community Colleges policy, Clinton Community College, Muscatine Community College, and Scott Community College do not release personally identifiable educational information and/or records without written permission of the student involved.

By submitting a completed Student Consent to Release Educational Records form, you grant the College permission to release information about your student records to a third party. You must complete a separate form for each third party to whom you grant access to information from your student records. The specified information will be made available only if requested in writing or in person with a photo ID by the authorized third party. The information will NOT be released over the telephone. I understand that records released to a third party are still protected by FERPA and cannot be shared by the third party with any other individual, business, agency or institution without my written consent.

Please note that your authorization to release information will only be in force during the time you are considered an EICC student after receipt of your enrollment registration. This will stay in force until you have graduated from the college or ceased to attend for one year. However, you may revoke your authorization at any time. Submit the completed form to the Adult Education Program at your College. Distance students may scan the completed form and email it to their Adult Education campus administrator.

My signature below indicates:

_____ I give my consent
_____ I withdraw my consent

Student Information (Print neatly – all information is required):

Name (Last) (First) Student ID Number

Home address (Street or PO Box, Apt, City, State and Zip Code) Daytime Phone

What is the purpose for releasing this information? _____

Third Party Designee (individual, agency, institution):

Name Last 4 SSN DOB (MM/DD)

Address (Street or PO Box, Apt, City, State and Zip Code) Daytime Phone

Relationship to Student Home Email Address Business Email Address

Check one or more options below:

Academic Records Class Schedule/Registration Class Performance
 Attendance Other _____

Student Signature (required) Date