



COMMUNITY COLLEGE
OF RHODE ISLAND

ACADEMIC, FINANCIAL AID & STUDENT ACCOUNT RECORDS
FERPA RELEASE FORM

(Family Educational Rights and Privacy Act)

I, _____ hereby authorize the Community College of Rhode Island to disclose the
(PLEASE PRINT FULL NAME)
following educational records for the purpose of _____

_____ All Financial Aid Records (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, and any other information contained in the application or financial aid file).

_____ All Academic/Transcript Records (records include: transcripts, semester course schedule, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records).

_____ All Student Account Records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, and any other accounts receivable information contained in student account records).

_____ Instructor/Classroom Records (records include: attendance records, progress reports, test and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the final grade. FERPA pertains to the release of stored records. Instructors are not required to have conversations about academic progress with anyone other than the student).

Other (Please Specify) _____

Please Note: Counseling Center and Services for Students with Disabilities records are considered medical records and not covered under the FERPA rules. A separate release form must be obtained from these departments.

The following individual(s) are authorized to access the information indicated above:

(PLEASE PRINT FULL NAME)

Spouse _____ Mother/Stepmother _____

Agency _____ Father/Stepfather _____

Other (please specify) _____

Although I understand I am not required to release this information, I am giving my consent to the Community College of Rhode Island to disclose these records. I also understand that this release remains in effect for one calendar year from the date it is received by the Community College of Rhode Island, unless I revoke my consent in writing and deliver it to the Office of Enrollment Services at the Community College of Rhode Island.

Student Signature _____ CCRI ID # _____ Date _____

The original of this form must be kept on file in the Enrollment Services Office. A copy of this form will be sent to the student. *This form is not a request to inspect records. If you wish to inspect your records, please complete the Student Request to Inspect and review Education Records available at ccri.edu/oes/records/forms.html.*

Flanagan Campus, 1762 Louisquisset Pike, Lincoln, RI 02865-4585 P: 401.825.2003 F: 401.333.7122

Knight Campus, 400 East Avenue, Warwick, RI 02886-1807 P: 401.825.2003 F: 401.825.2394

Liston Campus, One Hilton Street, Providence, RI 02905-2304 P: 401.825.2003 F: 401.455.6181

Newport County Campus, One John H. Chafee Blvd. Newport, RI, 02840 P: 401.825.2003 F: 401.851.1627