Jefferson Community & Technical College
HIGHER EDUCATION BEGINS HERE

Student Consent to Release Educational/Financial Records

PLEASE PRINT ALL INFORMATION

In accordance with Jefferson Community & Technical College policies and procedures, as well as state and federal law (KRS 160.700 KRS 160.720 & FERPA Act of 1974),

I, _____, freely and voluntarily consent to the release of information from my educational record. In giving permission to Jefferson Community & Technical College to make such disclosure(s), I also state as follows:

1.

NAME OF PARTY TO WHOM DISCLOSURES MAY BE MADE
ADDRESS OF PARTY
CITY STATE ZIP PHONE

NAME OF PARTY OR PARTIES TO WHOM DISCLOSURES MAY BE MADE
ADDRESS OF PARTY
CITY STATE ZIP PHONE

NAME OF PARTY TO WHOM DISCLOSURES MAY BE MADE
ADDRESS OF PARTY
CITY STATE ZIP PHONE

NAME OF PARTY OR PARTIES TO WHOM DISCLOSURES MAY BE MADE
ADDRESS OF PARTY
CITY STATE ZIP PHONE

2. Is the party or parties a parent or legal guardian? ☐ Yes ☐ No Who?_____

3. Purpose of Disclosure: _____

4. Education Record(s) Which May Be Disclosed:

☐ Admission/Academic Records ☐ Financial Records

☐ Other (please specify): _____

5. Period of Time During Which consent Shall Be Valid:

From:_____ To:_____

If no date is indicated, the consent will expire when the student ceases to be a student at Jefferson Community & Technical College. The most recent statement pertaining to release of information will apply.

STUDENT INFORMATION

_____
Student's Identification Number (Social Security Number)

_____
Student's Mailing Address

_____
City State Zip Student's Phone

_____
Student's Signature Date

(form 10-13-04)