

Consent to Release Confidential Information



Instructions

1. Fill out completely. Missing information will delay the processing of your request.
2. Sign. Due to federal law, a signature is required; we are unable to accept typed signatures.
3. Submit. Scan or take a photo of your completed, signed form, and send it via email to enroll@pcc.edu or records@pcc.edu.

FERPA Agreement:

Portland Community College must follow all applicable state and federal laws (FERPA), as well as rules/regulations that apply to student records.

All information contained in the college records which is personally identifiable to any student is kept confidential and not released except upon prior written consent of the student or upon the lawful subpoena or other order of a court of competent jurisdiction.

--- This form is only to release information and does not give the right to act as a proxy for the student. ---

Your information

Update the student's record.

Last name		First name	Middle	Student ID (G#) / Last 4 of SSN
Street address			Previous names	
City	State	Zip	Date of birth	
Email	<input type="checkbox"/> Please release student record to personal email.			Phone

Release information to: *(for more recipients, include on a separate sheet)*

Name: _____

Email: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Relationship: _____ Confidential code: _____

Specific records to disclose:

- | | |
|--|--|
| <input type="checkbox"/> Enrollment Status | <input type="checkbox"/> Student Finances |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Course Schedule |
| <input type="checkbox"/> Grades | <input type="checkbox"/> Financial Aid |
| <input type="checkbox"/> Academic Standing | <input type="checkbox"/> Academic Transcript |
| <input type="checkbox"/> Degree Status | <input type="checkbox"/> Graduation Date |

Other:

What is a confidential code?

Allows continued access to the records indicated above. Created by the student. The code may be up to nine characters long. Unnecessary for single use.

Purpose of release: *(check all that apply)*

- | | | | |
|---------------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Deferment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Interpreter |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Financial | <input type="checkbox"/> Housing | <input type="checkbox"/> Payment |
| <input type="checkbox"/> Other: _____ | | | |

Authorization

I hereby authorize PCC to release confidential information about me contained in the College's records. I agree to hold PCC and its employees harmless for any unauthorized use of my student records obtained by the above-named party. This release will be valid until a new form invalidates it or by removing permissions online via MyPCC.

X

Signature - Typed signatures not accepted

Date