

---

# Stark State College

## Student Service Division

6200 Frank Ave NW, North Canton, OH 44720

(330) 494-6170 | Fax-(330) 966-6598

www.starkstate.edu | studentservices@starkstate.edu

---

### STUDENT INFORMATION RELEASE For Parent or Other Family Member 2016-2017

*please print in blue or black ink only*

STUDENT NAME \_\_\_\_\_

SSC STUDENT ID # \_\_\_\_\_

The purpose of the Federal Educational Rights and Privacy Act of 1974 is to protect the privacy of information concerning individual students by placing restrictions on the disclosure of information contained in a student's educational records. I understand for the college to release education records, a signed authorization must be on file. Therefore I am filing this release with Stark State College, and I understand that this release applies **ONLY** to records indicated below.

- Financial Aid Records     Academic Record (including current classes, academic standing, grades, early alerts, etc)

Authorize the College to release financial or academic information to:

Name	Relationship to Student	Date of birth for person listed for identification purpose (this will be asked to verify caller)

The above information will be released with my FULL CONSENT. I understand this release authorization remains in effect for one (1) academic year beginning June 2016 through May 2017 or until I submit a written notice to revoke it.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF 20 U.S.C. 1232g(b)(4)(B) WHICH PROHIBITS ANY FURTHER DISCLOSURE WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY FEDERAL LAW.

---

**FOR OFFICE USE ONLY**