

Requested by: Name of Student (Last, First, MI)	Student ID #:	Phone Number:
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Great Plains Technology Center, in compliance with the *Family Educational Rights and Privacy Act of 1974 (FERPA)* has designated the following items as directory information: student's name, address, telephone number, Parents' name, address, telephone number, field of study, class, enrollment status, anticipated completion date, participation in officially recognized activities, certifications and awards received, most recent previous educational agency or institution attended by the student. Great Plains Technology Center may disclose any of the above listed items without the student's prior written consent, unless the Office of the Registrar is notified in writing to the contrary. All other student academic information is considered confidential and will not be released, with certain exceptions, without the student's written permission. GPTC may provide access to a student's education records to a third party only as provided in FERPA and GPTC policy or if the student provides written consent using this form.

SECTION A. Education Records to be released (check all that apply)

- Academic Information**
- Financial Aid Information**
- Disciplinary and Student Affairs Records**
- Student Account Information**
- Other** (please specify): _____

SECTION B. Person to whom access to education records may be provided

Parent Guardian Spouse Other: _____

Full Name: _____

Phone: _____ Email: _____

Address: _____

Security Question & Answer: _____

SECTION C. Purpose of the release (Check all that apply)

- Family Communication
- Employment
- Financial Assistance/Scholarship
- Other (please specify) _____

SECTION D. Verification of Identity and Acknowledgement

I understand that in order to ensure my privacy is maintained, GPTC will be verifying the identity of the person to whom access to education records may be provided. The signed release will remain in effect while I am enrolled at GPTC or until such time that I may revoke the release by providing written notification to the Office of the Registrar. By submitting this signed consent form, I hereby certify the information to be accurate and consent to the release of information as stated above. I, the undersigned, give GPTC permission to release the records stated above to the named recipient(s). Furthermore, if consent is being given for the release of such record by electronic or telephonic means, I understand that there is no guarantee that such disclosure of information can be fully secure, and I release GPTC from and waive any and all liability against GPTC for any release of such student information that may violate FERPA or its regulations as a result of GPTC's good faith compliance with any e-mail and/or telephonic communications arising from the permission granted herein.

Student Signature: _____ Date: _____