

# Authorization to Exchange Information

**Student Name:** \_\_\_\_\_

**ID Number:** @00 \_\_\_\_\_

The Family Educational Rights and Privacy Act of 1974 (FERPA) was designed to protect the privacy of educational records and to establish the rights of students to inspect and review their educational records. It also provided control over the release of educational record information.

Once a student turns eighteen, or is granted acceptance to a school beyond secondary school, the rights of access to the student's records transfer to the student. This means that all academic information regarding the college student goes directly to the student unless the student has given specific, written permission to release that information to someone else.

If you, the student, would like your financial assistance records and information to be released to another individual or organization, complete the statement below.

I, \_\_\_\_\_, hereby authorize the Sauk Valley Community College Financial Assistance Office to release my financial assistance records and information to:

**Name/Facility:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

This authorization is effective for two years from the date it is signed.

You may withdraw or revoke this authorization to release information at any time by submitting a written request to the Director of Financial Assistance.

\_\_\_\_\_  
(Print Student's Name)

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Financial Assistance Office Staff Signature)

\_\_\_\_\_  
(Date)

This **must** be signed in the presence of a Sauk Valley Community College staff member.