

**STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS**  
**IOWA VALLEY COMMUNITY COLLEGE DISTRICT**  
**OFFICE OF THE REGISTRAR**

Name of Student (Last, First, Middle Initial): \_\_\_\_\_

Student ID: \_\_\_\_\_

Date: \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar at their campus allowing the release of their education records to specified third parties. Please note that while this form *authorizes* IVCCD to release education records to third parties, it does not *obligate* IVCCD to do so. IVCCD reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the [U.S. Dept. of Education's website](http://www.ed.gov).

**SECTION A. Education records to be released (check all that apply):**

- Academic** (grades/GPA, registration, student ID number, academic progress, enrollment status, attendance)
- Financial Aid** (awards, application data, disbursements, eligibility, financial aid academic progress status)
- Student Account** (valid until account is paid in full: billing statements, charges, credits, payments, past due amounts, collection activity)
- All records listed above**
- Other** (please specify): \_\_\_\_\_

**SECTION B. Person(s) to whom access to education records may be provided:**

\_\_\_\_\_  
Name(s) of person(s) to whom access to records may be provided (use additional pages if necessary)

\_\_\_\_\_  
Address(es) of person(s) to whom access to records may be provided

\_\_\_\_\_  
Relationship to Student

**SECTION C. Duration of release (check one):**

- Enrollment Use:** This authorization can be used for all terms of enrollment at IVCCD.
- One-Time Use:** This authorization can be used only once.
- Limited Use:** This authorization expires on: \_\_\_\_\_

**SECTION D. Purpose of release (check one):**

- Family Communications**
- Employment**
- Admission to an Educational Institution**
- Other** (please specify): \_\_\_\_\_

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the campus Registrar.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Instructions for completing this form:

1. The form must be fully completed and signed by the student. Records cannot be released if any section of this form is not filled out entirely.
2. Questions about this form may be directed to the Office of the Registrar.
3. Completed forms should be submitted to the Office of the Registrar:

Marshalltown Community College  
3700 S Center St  
Marshalltown, IA 50158  
Direct Line: 641-844-5715  
Phone: 866-622-4748 Ext. 5715  
Fax: 641-752-8149

Ellsworth Community College  
1100 College Ave  
Iowa Falls, IA 50126  
Direct Line: 641-648-8518  
Phone: 800-322-9235 Ext. 8518  
Fax: 641-648-3128

*This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.*