



**Student Authorization to Release Education Records (FERPA)**

The Family Educational Rights and Privacy Act (FERPA), provides eligible students certain rights with respect to their education records, including the right to provide written consent before LCC discloses personally identifiable information from the student's education records, except to the extent that FERPA authorizes disclosure without a student's consent\*. A student may grant permission for the student's education records, and the personally identifiable information in those records, to be provided to a third party by completing this consent form. This release may not be used for the purpose of releasing a student's medical and/or psychiatric records.

**Student Information:**

_____	_____	_____
Student Name (Print)	LCC Student ID #	Daytime Telephone
_____	<input type="checkbox"/> Academic Year 20___/20___ or	<input type="checkbox"/> Until revoked by me in writing
Student Email address		

I \_\_\_\_\_ grant permission to Luna Community College to release all education records that the college maintains concerning me which include but are not limited to, dual credit/concurrent enrollment, academic standing, academic advising, course work, assignments, tuition & student account information, financial aid information, residency information, housing information, athletics and all forms of athletic participation and FERPA authorized disciplinary information.

I \_\_\_\_\_ grant permission to Luna Community College to release the following specific education records that the college maintains concerning me: \_\_\_\_\_

**Release to Recipient:** I authorize release of the education records/information listed above to the following person(s) or entity/entities:

_____	_____	_____	_____
Full Name (Print)	Address	City, State, Zip	Phone
_____	_____	_____	_____
Full Name (Print)	Address	City, State, Zip	Phone

- This authorization is valid on a one time basis only. Future requests will require submission of a newly completed authorization.
- I understand that I can revoke or amend this authorization at any time, in a written, signed and dated statement by me and delivered to the Office of the Registrar.

_____	_____
Student Signature	Date

**Must be presented with a valid photo ID to  
 The Office of the Registrar,  
 Luna Community College  
 Student Services Building  
 Las Vegas, NM 87701  
 505-454-5314**

**\*Disclaimer:** FERPA permits the disclosure of personally identifiable information from a student's education record, without the consent of the student, if the disclosure meets certain conditions found in 34 CFR § 99.31 including, but not limited to, disclosure to other university officials within LCC that have legitimate educational interests; to a parent/guardian of an eligible student if the student is a dependent student, as defined in section 152 of the Internal Revenue Code of 1986; to comply with a court order or lawfully issued subpoena; and to appropriate officials in connection with a health or safety emergency.