RELEASE OF INFORMATION FORM

Early College Department

Purpose of Release: This form authorizes UAEACC Early College personnel to disclose and discuss selected education records for the purpose of supporting dual credit/concurrent enrollment, ESCC participation, academic progress, advising, intervention, attendance monitoring, enrollment verification, and high school credit/graduation planning.

Student Information

Student Name		**UAEACC Student ID #**	
Date of Birth		**High School**	

Authorized School Officials

☐ Guidance Counselor/School Counselor

☐ Principal/Administrator

☐ Records Keeper/Registrar/Attendance Clerk

☐ Concurrent or ESCC instructor providing instruction, support, supervision, or related services connected to the student's coursework

☐ Other designated school official with a legitimate educational interest:

_____

Information That May Be Released

☐ Enrollment status/course participation

☐ Attendance and engagement information

☐ Grades, academic performance, early alerts, academic standing indicators

☐ Class activities and course progress

☐ Conduct, safety, or program participation concerns when related to educational support or institutional/district responsibilities

☐ Transcript or course completion information needed for high school credit, advising, graduation planning, or state reporting

PHOTO/MEDIA RELEASE SELECTION

☐ YES – I grant permission for UAEACC to photograph, record, and use the student's image and/or likeness as described above.

☐ NO – I do not grant permission for UAEACC to photograph, record, or use the student's image and/or likeness for promotional or media purposes.

Additional Individuals Authorized by Student/Parent

Name	Relationship	Phone/Email (optional)

FERPA Acknowledgement and Limits

☐ I understand that student education records are protected by FERPA and will be disclosed only to individuals or officials with a legitimate educational interest or as otherwise permitted by law.

☐ I understand that records shared with the high school or district must be used only for educational purposes and must not be redisclosed to third parties unless permitted by FERPA or authorized in writing.

☐ I understand this release remains in effect for the current academic year/enrollment period unless I revoke it in writing. Revocation does not apply to disclosures already made in reliance on this authorization.

☐ I understand that signing this release does not waive the student's rights under FERPA, including the right to inspect and review education records and request amendment where applicable.

Student Signature: _____	Date: _____
Parent/Guardian Signature (if student is under 18 or district requires consent): _____	Date: _____

Questions regarding FERPA compliance may be directed to the UAEACC FERPA Official or the Early College and Career Office.