

PLEASE PRINT

College Credit Plus FERPA Consent Form

Columbus State Community College complies with The Family Educational Rights and Privacy Act (FERPA) and has strict policies and procedures in place governing student records. Unless an exception to FERPA applies, the College does not disclose student records or information to anyone (including a student's parents) *without the student's written consent.*

For more information you can view the Student Rights under FERPA that are published in the Columbus State College Catalog and the U.S. Department of Education's FERPA website. Please PRINT.

| | | | | |
|------------------------------------|---------|-----------------------------|------------------|-----|
| Legal Name: Last | First | MI | Cougar ID Number | |
| Phone | Address | City | State | Zip |
| Name of Middle School/ High School | | High School Graduation Year | | |

Student Consent to Release Information

I hereby authorize and consent to the disclosure of my education records and information for the purpose of providing support related to my enrollment in the College Credit Plus Program between middle school, high school, or Columbus State Community College representatives or officials AND the parent(s)/guardian(s) named below. These education records and information may include but are not limited to **records of attendance, participation, grades, academic transcripts, assignments, and academic and behavioral conduct** as outlined in the College policy and procedure 7-10 (<https://www.csc.edu/about/policies-procedures.shtml>).

This consent expires when I am no longer enrolled in College Credit Plus program, and I may revoke consent at any time by sending a written request to the Columbus State Community College College Credit Plus Curriculum Office at the address listed below. I understand my middle school/high school district may release my SSID#, Maximum Credit Hours, and transcript to Columbus State.

Name of individual(s) authorized to receive FERPA records

| | | |
|----------------------|---------------------|----------------|
| First _____ | Last _____ | Relation _____ |
| Email Address: _____ | Phone Number: _____ | |
| First _____ | Last _____ | Relation _____ |
| Email Address: _____ | Phone Number: _____ | |
| First _____ | Last _____ | Relation _____ |
| Email Address: _____ | Phone Number: _____ | |

A photo ID is required for the person(s), named above, to be presented in person, at the time of viewing and/or discussing the specific records as listed above.

PLEASE READ - THIS IS A WAIVER/RELEASE OF PRIVACY RIGHTS

I am giving this consent to disclose education records voluntarily and I understand the consequences of my giving this consent.

Student Signature Date

NOTE: This form must be completed and returned to Columbus State. You may scan and email to collecreditplus@csc.edu or send via postal mail to Columbus State Community College, 550 E. Spring St. Columbus, OH 43215, ATTN: College Credit Plus Curriculum Office