



### **EC3 FERPA Release Form**

I \_\_\_\_\_, consent \_\_\_ do not consent \_\_\_ to the release of my education records to my parent(s) or guardian(s) listed below for the purpose of keeping them informed about my education at Erie County Community College.

I understand that education records include, but, are not limited to, information about my academic standing, disciplinary issues, and financial obligations to the College. I acknowledge that I may submit a subsequent notification in writing directing the College to no longer release information to any, or all, of the individuals listed below. Erie County Community College is authorized to release information to the following individuals (please print clearly):

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Please return this form to:

Registrar's Office  
Erie County Community College  
2403 East 8<sup>th</sup> Street  
Erie, PA 16505