

STUDENT AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS



The Family Educational Rights and Privacy Act ("FERPA") protects the privacy of Pima Community College ("Pima") students' educational records and generally limits the release of student information without the student's express written consent, regardless of a student's age. The purpose of this release form for students requesting Access and Disability Resources' services is to facilitate the communication of specified student information to authorized individuals identified by the student ("Recipient").

Please note:

1. While this form authorizes Pima to release a student's information, it does not require Pima to do so. Pima may decline to release information if Pima, in its sole discretion, determines the release would not be in the student's best educational interests.
2. Only the information specified on this form may be released, and only to the designated Recipient in the specified manner.
3. A signed release only authorizes the disclosure of information to the Recipient; it does not authorize the Recipient to make any changes to the student's enrollment or financial-aid status or any other decisions affecting the student's status with Pima.
4. A student may revoke a release at any time by informing the Registrar in writing of the student's decision.

TO BE COMPLETED BY STUDENT

SECTION 1. Student Information

Student Name: _____ Student ID#: _____

Phone#: _____ Email: _____

SECTION 2. Educational Records To Be Released (Check all that apply.)

Access and Disability Resources (ADR) Information (e.g., §504/ADA accommodations, requests for accommodations)

Other (please specify): _____

SECTION 3. Recipient(s) To Whom Educational Records May Be Released

Recipient Name(s) (use additional pages if necessary): _____

Address(s): _____ Relationship to Student: _____

Phone: _____ Email: _____

SECTION 4: Scope/Purpose(s) of Release (check all that apply; use additional pages if clarification is necessary)

Pima may release documents related to the specified educational records to the Recipient.

Pima may discuss/verbally release the specified education records with the Recipient

In person

Over the phone (Please designate a password for Recipient to provide when making telephone

Requests: _____

Only when the student is present/party to the discussion

STUDENT AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS (CONTINUED)

Recipient may be present during meetings between student and Pima officials at which educational records are discussed.

Pima may release educational records to the Recipient only for the following purpose(s): _____

Pima may not release the following type(s) of information to the Recipient: _____

SECTION 5: Duration of Release – Not to Exceed One Year (check one)

One-Time Release For the Current Academic Semester This release expires on: _____

SECTION 6: Student's Certification

By signing below, I authorize the appropriate office/official at Pima to release my specified educational records to the Recipient subject to the terms specified in this document.

Student's Signature

Date

SUBMISSION INSTRUCTIONS

- Download the completed form and attach it to an email to ADRh@pima.edu. Submissions sent from personal email (non-Pima Community College email account) must include a notarized copy of your government-issued ID card; or
- Print the completed form and deliver it in-person to any campus ADR office; or
- Fax (must include notarized copy of government-issued ID card) to 520-206-3139

FOR OFFICIAL USE ONLY

Received by: _____ Department/Office: _____ Date: _____