Danville Area Community College Information Release Form Permission to Release Non-Directory Student Information

| (Name of DACC Official and/or Department) | | |
|--|---|---|
| preferred by the requester. I have a r for parents' financial records and cerights). I further understand that Me | right to inspect any wr rtain letters of recomm dical, Counseling, ar | the written form of copies of written records, as ritten records released pursuant to this Consent (except nendation for which the student waived inspection and Disability related records are not necessarily included federal privacy laws. I understand I may revoke this |
| Consent prospectively. | | Initial |
| Authorized individuals/institutions to | receive Non-Directo | ry Information: |
| Name: | | Relationship to Student: |
| | | |
| | | |
| Other: | | |
| records. The Act provides students th | e right to inspect and | of 1974. FERPA helps protect the privacy of student review education records, and to limit disclosure of tions that are recipients of federal funding. |
| Information to be released: | | |
| Transcript Billing Information Financial Aid Information | | Purpose of Release: |
| | | |
| Communication with Instructors | offo of word! (Joto) | 011 111 011 1111 1111 1111 111 111 111 |
| revocation. | effect until (date) | , or upon my written statement of |
| Name (print) | Date | |
| Signature | Student ID/SSN | Dated this day of |
| Return to: The Office of Admissions an Records, Danville Area Community Col 2000 E. Main St., Danville, IL 61832 | llege, | Subscribed and sworn to before me this day of |
| Phone: 217.443.8800 Fax: 217.443.83 | 0.57 | Notary Public Signature |

<u>ATTENTION:</u> This form <u>MUST</u> be signed in front of College personnel <u>OR</u> notarized to be considered valid.