

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

To: _____
(Name of DACC Official and/or Department)

I understand the information may be released orally or in the written form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I further understand that **Medical, Counseling, and Disability** related records are not necessarily included under this release and may be restricted by other state and federal privacy laws. I understand I may revoke this Consent prospectively.

Initial _____

Authorized individuals/institutions to receive Non-Directory Information:

Name:

Relationship to Student:

Other: _____

FERPA is the Family Educational Rights and Privacy Act of 1974. FERPA helps protect the privacy of student records. The Act provides students the right to inspect and review education records, and to limit disclosure of information from the records. The Act applies to all institutions that are recipients of federal funding.

Information to be released:

____ Grades/GPA	Other: _____	Purpose of Release: _____
____ Transcript	_____	_____
____ Billing Information	_____	_____
____ Financial Aid Information	_____	_____
____ Communication with Instructors	_____	_____

I understand this form will remain in effect until (date) _____, or upon my written statement of revocation.

Name (print)

Date

Signature

Student ID/SSN

Dated this _____ day of _____

Mail Notarized Copy to:
Danville Area Community College
ATTN: Registrar's Office
2000 E. Main St., Danville, IL 61832
Phone: 217.443.8800

Subscribed and sworn to before me this _____ day of _____.

Notary Public Signature

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