

CCBC DEGREES TO SUCCEED FERPA STUDENT INFORMATION RELEASE FORM

This form allows us to release information from your student record to a third party. It does not allow the third party to perform transactions, act, or speak on your behalf (a Power of Attorney is required for such actions).

1. You will be required to submit a color copy of your valid state-issued ID as part of your admission to APUS. Please work with your admissions representative to submit this documentation. A color copy of your ID must be on file with APUS in order for this FERPA STUDENT INFORMATION RELEASE FORM to be processed.
2. Once your ID has been submitted, complete and electronically submit this form — incomplete and/or illegible forms will not be processed. Please ensure all highlighted fields below are completed accurately.

A. Student Information - please type in the fields or write clearly

Student Name (please print):
Last Name First Name MI

Student ID number:

B. Information to be released - please type in the fields or write clearly

I, the undersigned, understand my FERPA rights and hereby authorize American Public University System (APUS) to release information on the following type(s) of academic record(s). You must select one or the other for each category.

Disclose Do not disclose Academic

Disclose Do not disclose Financial

Disclose Do not disclose Other (specify)

Disclose Do not disclose All types/records

C. Purpose of Information

The information will be released to the Community College of Baltimore County representative(s) identified below in Section D for the purpose of:

To confirm student progress of APUS student within the CCBC Degree to Succeed Program

D. Third-Party Representative Information – You may add additional representatives to this form by completing the additional fields below.

I authorize APUS to release information to the following entity (you must complete one form per entity):

Point of Contact Name and/or Title: Director of Transfer, dualadmissions@ccbcmd.edu

Point of Contact Organization: Community College of Baltimore County

Point of Contact Name and/or Title: Coordinator of Transfer, dualadmissions@ccbcmd.edu

Point of Contact Organization: Community College of Baltimore County

E. Provide Authorization*

I understand and agree that this authorization is voluntary and will remain in effect until revoked by me in writing (see section F below) and delivered to the APUS Registrar's Department; however, any such revocation will not apply to previous disclosures. Further, I agree to release and hold harmless APUS from and against any claim related to any reference or information provided by APUS.

Signature* (written signature is required) _____ Date _____

F. Revoke Authorization (You may leave it blank or sign and enter a future date when you wish to end authorization for the third party.)

By signing below, I hereby revoke any prior authorization for APUS to disclose my education record information with the third party listed above. Such revocation will not apply to disclosures made before this document is processed by the APUS Registrar's Department.

Signature (written signature is required) _____ Date _____