Stark State College
Gateway Student Services
6200 Frank Ave NW, North Canton, OH 44720
(330) 494-6170 | Fax-(330) 966-6598
www.starkstate.edu | studentservices@starkstate.edu

STUDENT INFORMATION RELEASE
For Parent or Other Family Member
2027-2028

please print in blue or black ink only

STUDENT NAME _____ SSC STUDENT ID # _____

The purpose of the Federal Educational Rights and Privacy Act of 1974 is to protect the privacy of information concerning individual students by placing restrictions on the disclosure of information contained in a student's educational records. I understand for the college to release education records; a signed authorization must be on file. Therefore, I am filing this release with Stark State College, and I understand that this release applies **ONLY** to records indicated below.

☐ Financial Aid Records ☐ Academic Record (including current classes, academic standing, grades, early alerts, etc)

Authorize the College to release financial or academic information to:

Name	Relationship to Student	Date of birth for person listed for identification purpose (this will be asked to verify caller)

The above information will be released with my FULL CONSENT. I understand this release authorization remains in effect for one (1) academic year beginning June 2027 through May 2028 or until I submit a written notice to revoke it.

Student Signature _____ Date _____

THIS INFORMATION IS RELEASED SUBJECT TO THE CONFIDENTIALITY PROVISIONS OF 20 U.S.C. 1232g(b)(4)(B) WHICH PROHIBITS ANY FURTHER DISCLOSURE WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY FEDERAL LAW.

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