



Hudson County Community College
70 SIP AVE, 1ST FLOOR, JERSEY CITY, NJ 07306

FERPA CONSENT FORM FOR DISCLOSURE
REGISTRAR'S OFFICE

Name of Student (Last, First, MI): _____	HCCC Student ID#: _____	Date: _____
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Student records are protected in accordance with the Family Educational Rights and Privacy Act of 1974 as amended (FERPA). Academic records are maintained in the Registrar's Office. In order to protect a student's privacy, student grades and other non-directory information will be released only to the student and not to family members without a written release.

I, _____, authorize my _____,
(Student Name) (Relationship to Student)

_____, to have full disclosure of any identifiable
(First Name, Last Name)

information from my educational records.

**Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*Copies of government-issued photo ID (*i.e. driver's license, HCCC Student ID*) for both parties must be included.

*The form must be fully completed and signed by both parties or the records will not be released.

**Students may rescind permission to release information at any time.