Authorization to Release Information for Course Grade Appeal
FERPA Release Form

_________________________________________  ___________________________
Student Name (Please Print)                      Student I.D. Number

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits Houston Community College to disclose the information specified below to the following individual(s) or agency(ies): The student authorizing the release of his/her educational records must sign & present this form together with the Student Course Grade Appeal Form with a photo ID to verify authenticity of this release.

To all member of the Course Appeals Panel for:

Course Rubric and Number (e.g., ENGL 1301): __________________________________________

CRN # of Course: ________________________________________________________________

Semester Course Was Taken: _____________________________________________________

Instructor: _____________________________________________________________________

Check the box below to indicate which records you wish to make available:

☐ Instructor/Classroom Records (records include: attendance, progress reports, test and homework scores if available. Please note: instructors are not required to take attendance or provide progress reports, and retain only those records which make up the file grade. FERPA pertains to the release of records. Instructors are not required to have conversations about progress with anyone other than the student).

☐ Other (Please specify)
  Please Note: Records for Counseling and services for Students with Disabilities are considered medical records and are not covered under FERPA rules. A separate release form must be obtained from these departments.

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to the Department(s) identified above.

I also understand that I have three (3) days from the time I receive notification of the Course Grade Appeal Panel members to retract this agreement.

_________________________________________  ___________________________
Student Signature                                      Date