

**Family Educational Rights and Privacy Act (FERPA) Policy – updated 9/19/12**

Four County Career Center adheres to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) which is a Federal law that protects the privacy of student educational records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children’s education records **which transfer to the student when he or she reaches the age of 18 or enrolls in a postsecondary school.**

**Four County Career Center requires written permission from the student in order to release any information from a student education record to persons (including parents/spouses) other than allowed under FERPA.** FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 § 99.31):

- School officials with legitimate educational interest;
- Other schools to which a student is transferring;
- Authorized representatives for audit or evaluation purposes;
- Appropriate parties in connection with financial aid to a student;
- Organizations conducting certain studies for or on behalf of the school;
- Accrediting organizations;
- Appropriate officials in connection with health and safety emergencies;
- State and local authorities, within a justice system, pursuant to specific State law.

**Four County Career Center defines the following personnel as school officials:**

- |                       |                               |                           |
|-----------------------|-------------------------------|---------------------------|
| • Director            | • Program Instructor          | • Secretary               |
| • Program Coordinator | • Financial Aid Administrator | • Transitions Coordinator |

Four County Career Center may disclose, without consent, “directory” information such as student’s name, address, Email, program of study, honors and awards, and dates of attendance. **A student may choose NOT to have this directory information shared by notifying Four County Career Center in writing within four weeks of the first day of class.**

Students may request to inspect and review education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for students to review the records. Schools may charge a copy fee. Students have the right to request that a school correct records which they believe to be inaccurate. A student must complete an appeal form and return to the Director who will investigate. If the school decides not to amend the record, the student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the student has the right to place a statement with the record setting forth his or her view about the contested information which will become part of the student’s record.

**INFORMATION SHARING AUTHORIZATION FORM**

I choose to authorize Four County Career Center to share my educational record with the following third parties. *(Parents/spouse/other)*. **This form should be returned to the Adult Workforce Education Department and will be placed in the student’s file and active until a student graduates.** A student may submit in writing **at any time** individuals for whom this authorization should be rescinded.

I, ***(Student’s Printed Name)*** \_\_\_\_\_

authorize Four County Career Center to share the following information from my educational record with the following individual(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Education Records <i>(Grades/Attendance)</i>      | <input type="checkbox"/> Health Records <i>(physical, vaccination, etc.)</i> |
| <input type="checkbox"/> Financial Aid Records <i>(Eligibility/Awards)</i> | <input type="checkbox"/> Other (please specify) _____                        |

Authorized Individual: \_\_\_\_\_ Authorized Individual: \_\_\_\_\_

Authorized Individual: \_\_\_\_\_ Authorized Individual: \_\_\_\_\_

Authorized Individual: \_\_\_\_\_ Authorized Individual: \_\_\_\_\_

***Student’s Signature*** \_\_\_\_\_

***Date*** \_\_\_\_\_