



Student ID # \_\_\_\_\_  
Office of Financial Aid  
L.E. Fletcher Technical Community College  
1407 Highway 311, Schriever, Louisiana 70395  
[FinancialAid@fletcher.edu](mailto:FinancialAid@fletcher.edu)  
Office 985.448.7908 Fax 985.448.7998

**FERPA: Purpose of This Form**

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the institution cannot disclose personally identifiable information contained in the student's education records without the student's written consent, except to the extent that FERPA authorizes disclosure without consent. A parent does not have the automatic right to view his/her child's educational records without the expressed written consent of the student, unless that parent can provide proof that the student is still a dependent for income tax purposes. In that case, proof would have to be provided for each year in question.

If a student wishes to permit a third party to have access to his or her education record, he or she may do so by selecting the appropriate box below.

Guidance about the policy from the U.S. Department of Education can be viewed at the following link:

<http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

**FERPA Release (Please print clearly)**

This consent form will only permit releasing of information maintained by the office stated below. If information is requested from other offices or departments at the institution, the student or parent would have to contact that coinciding office for that information.

I, \_\_\_\_\_ (please print), authorize the release of

All my records maintained by the Office of Student Financial Aid at L.E. Fletcher Technical Community College to the following individuals listed below:

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

I certify that I have read and understand the FERPA Form. I also certify that I understand the FERPA form will remain valid while enrolled at L.E. Fletcher Technical Community College unless I provide a revised form or revoke this form in person at the Office of Student Financial Aid.

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**Student Signature** **Student ID Number** **Date**

Fletcher Technical Community College does not discriminate on the basis of race, color, national origin, gender, age, religion, qualified disability, marital status, veteran's status, or sexual orientation in its hiring or employment practices or in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of its operations.