



COMMUNITY COLLEGE
OF RHODE ISLAND

**AUTHORIZATION TO RELEASE ACADEMIC RECORDS
Of Students Participating in P-TECH
FERPA RELEASE FORM (Family Educational Rights and Privacy Act)**

For students participating in dual or concurrent enrollment P-TECH courses at CCRI

I, _____, hereby authorize the
(PLEASE PRINT FULL NAME)

Community College of Rhode Island to release All Academic/Transcript Records (records include: transcripts, semester course schedule, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records) to my school's P-TECH Director or his/her designee, my parent/guardian(s), the Rhode Island Department of Education, and the Rhode Island Office of the Postsecondary Commissioner during my enrollment in dual or concurrent enrollment courses for the purposes of jointly gaining secondary school and college credit.

(Please initial)_____ I have worked with my P-TECH Director and/or secondary school guidance counselor to choose my selected dual/concurrent enrollment courses as part of my high school credits.

I also understand that this release remains in effect for one calendar year from the date it is received by CCRI unless I revoke my consent in writing and deliver it to the Office of Enrollment Services at CCRI.

Name of High School: _____

Student's Signature: _____

Date: _____

Parent's Name: _____
(Please print)

Parent's Signature: _____
(If student is under 18, the signature of a parent/guardian is required)