



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

For students participating in dual or concurrent enrollment courses at CCRI, RIC, or URI

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

Community College of Rhode Island, Rhode Island College, the University of Rhode Island (Circle all of the colleges or the university where you are taking concurrent or dual enrollment courses this semester)

- 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 high school counselor or his/her designee, the Rhode Island Department of Education, and the Rhode Island Office of the Postsecondary Commissioner during my enrollment in dual enrollment courses for the purposes of jointly gaining secondary school and college credit.

(Please initial) _____ I have worked with my secondary school guidance counselor or school administrator 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, RIC or URI, unless I revoke my consent in writing and deliver it to the Office of Enrollment Services at CCRI, the Records Office at RIC, or the Enrollment Services Office at URI.

Name of High School: _____

Student's Signature: _____

Date: _____

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