

Authorization to Disclose Student Records and Information

Community College of Philadelphia (the "College"), in compliance with the Family Educational Rights and Privacy Act of 1974 ("FERPA"), has designated the following items as directory information: student's name, program of study; dates of attendance; and degrees, honors and awards received along with dates. The College may disclose any of the above listed items without the student's prior consent, unless the Office of Student Records and Registration is notified in writing to the contrary. All other student information is considered confidential and will not be released, with certain exceptions, without the student's written consent.

The Pennsylvania Department of Transportation (PennDOT) requires that the College provide certain confidential education records and personally identifiable information regarding students participating in the Emissions Certification/Recertification program to PennDOT and Parsons Commercial Technology Group, Inc. (Parsons), the contractor who administers PennDOT's online emissions training website. In order to provide PennDOT and Parsons with the requested information from your education records, the College asks that you complete, sign, and return this form authorizing the College to disclose the requested information.

Authorization

I hereby authorize the College to disclose, make available and release the following student information and personally identifiable information to PennDOT and Parsons without my further consent:

- Name
- Date of Birth
- Driver's License Information (ID Number, Issue/Expiration Dates, State of Issuance, Photo of License)
- Contact Information (E-mail Address, Phone Number, Full Address)
- Exam Information (Date/Time of Exam, Exam Results)

I understand that this authorization shall be considered as a waiver of my rights of nondisclosure under FERPA with respect to disclosure of the above-referenced records to PennDOT and Parsons. I understand that this information may be released orally, electronically or in the form of copies of written records, as preferred by the requestor. A photocopy of this authorization shall be considered as valid as the originally signed document.

Name of Student (Please Print)	Student J-Number	_
Signature of Student	 Date	
 Driver's License #	State of Issuance	