



CONSENT TO RELEASE FERPA-PROTECTED STUDENT INFORMATION

(Note: this Consent does not cover medical records held solely by the College Health Center or the Counseling Center – contact those offices for consent forms.)

TO: _____ (Name of College Official and Dept.)

Information to be released under this Consent:

- Recommendations for employment or admission to other schools
Transcript
Disciplinary records
All records
Other (Specify)

Please provide information from the education records of:

Print Student's Full Name

Student ID. No.

Please provide the information to:

Blank lines for providing information to:

IF STUDENT CONSENTS TO RELEASE INFORMATION, STUDENT MUST COMPLETE THIS SECTION

I understand the information will be released in the form of copies of written records. I have a right to inspect any records released pursuant to this Consent...

Student may only select one option below. Failure to select any option will deem this Consent ongoing under the terms of option no. 2.

1. This Consent is not ongoing and is valid for the limited purpose of releasing the information which is available today to the party/entity designated above.

2. This Consent shall remain in effect until such time that I am no longer a student at any college in the District or I revoke this Consent in writing, whichever occurs first. I understand I may revoke this Consent at any time.

Print Name

Signature

Date:

IF PARENT/GUARDIAN SEEKS INFORMATION, PARENT/GUARDIAN MUST COMPLETE THIS SECTION

I understand the information will be released in the form of copies of written records. I hereby affirm that

Name of Student

is listed as a dependent on my most recently filed, personal federal tax return. A copy of the page from my most recent federal tax return listing the named student as a dependent is attached. Student's consent is NOT needed if Parent/Guardian provides tax document.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Relationship to Student:

Date:

**A photocopy of signing party's current, valid picture ID must accompany this form.

FOR OFFICE USE ONLY:

Print Name of Processor/Clerk:

Photocopy of signing party's current, valid picture ID attached. Yes No

Date copies of records provided to Student, Parent/Guardian, or designated third party: