



Consent to Release FERPA Protected Information and/or Representative Authorization

The proponent department is Legal Services

THIS FORM IS PROTECTED UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974

AUTHORITY: 20 USC. 1232g; 34 CFR Part 99; F.4.1 (Policy) Student Education Records; San Antonio College Catalog
PRINCIPAL PURPOSE: Request by a student to release their educational records to another person(s) or entity or to authorize representation. This Consent form does not cover medical records held solely by the College Health Center or the Counseling Center.
ROUTINE USES: Used as consent by a student to release FERPA protected student information or give representative authorization.
DISCLOSURE: Voluntary. Failure to furnish information may result in denial of educational records or representative authorization.

1. STUDENT ID	2. HOME COLLEGE <input type="checkbox"/> NLC <input type="checkbox"/> NVC <input type="checkbox"/> PAC <input type="checkbox"/> SPC <input type="checkbox"/> SAC	3. DATE OF REQUEST
4. STUDENT NAME (LAST, FIRST)	5. STUDENT EMAIL (ACES) @student.alamo.edu	6. DATE OF BIRTH
7. PRIMARY STREET ADDRESS	8. CITY	9. STATE
		10. ZIP
11. PRIMARY PHONE	12. EMERGENCY CONTACT NAME AND PHONE	

13. I AUTHORIZE THE FOLLOWING PERSON OR ENTITY TO RECEIVE COPIES OF MY EDUCATIONAL RECORD, DESIGNATED IN BOX 14

13a. Name	13b. Address	13c. E-Mail
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14. INFORMATION TO BE RELEASED UNDER THIS CONSENT? Check all that apply:

Recommendations for employment or admission to other schools

Transcript Disciplinary Records All Records Other(Specify) _____

15. IF STUDENT CONSENTS TO RELEASE INFORMATION, STUDENT MUST COMPLETE THIS BLOCK

I understand the information is released in the form of copies of written records. I have a right to inspect any records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights).

A student may only select one option below. Non-selection will make this Consent ongoing under the terms of Option 2.

Option 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.

Option 2: This Consent shall remain in effect until such time 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.**

Education records are ready for review no later than 45 days of a request.



ALAMO COLLEGES DISTRICT
San Antonio College

16. I AUTHORIZE THE FOLLOWING PERSON OR ENTITY TO ACT ON MY BEHALF REGARDING MY EDUCATIONAL ENROLLMENT AND TO SIGN AND SUBMIT DOCUMENTS ON MY BEHALF

16a. Name	16b. Address	16c. E-Mail
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17. ACTIVITIES ALLOWED UNDER THIS AUTHORIZATION? Check all that apply:

- Selecting Courses
 Registration
 Financial Aid
 Payments
 Drop/Withdrawal
 Disability Services
 Graduation
 Other(Specify) _____

18. LENGTH OF AUTHORIZATION

A student may only select one option below. Non-selection will make this Authorization ongoing under the terms of Option 2.

- Option 1: This Authorization is **not** ongoing and is valid only for _____ days from today's date.
 Option 2: This Authorization shall remain in effect until such time I am no longer a student at any college in the Alamo Colleges District or I revoke this Consent in writing, whichever occurs first.

I understand I may revoke this Authorization at any time.

19. PRINT STUDENT NAME	20. STUDENT SIGNATURE
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FOR OFFICE USE ONLY

21. RECEIVED BY	22. DATE
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23. PHOTOCOPY OF SIGNING PARTY'S, VALID PICTURE ID ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No	24. PHOTOCOPY OF THE REPRESENTATIVE'S PARTY'S, VALID PICTURE ID ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No
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****A photocopy of signing party's current, valid picture ID must accompany this form.****

25. FOR FERPA CONSENT, NAME, DATE AND WHAT COPIES OF RECORD(S) PROVIDED TO THIRD PARTY: