



Student Financial Services FERPA RELEASE FORM

Student Name: _____ ID#: _____

Address: _____ Phone: _____

The Family Education Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records, both financial and academic. For your protection, FERPA limits release of student record information without your written consent.

By completing this form, I authorize the release of all information concerning my student account, academic and financial aid records to the individual(s) listed below. I understand that if I choose to cancel this authorization, I must provide a written notice to the Student Financial Services Office. Cancelling this release does not affect any information released by the District prior to receiving the cancellation request. If I wish to have my records released to any other person(s) after I submit this form, I must complete a new FERPA Release Form.

Name	Relationship to Student	SSN (last 4 digits)	Telephone Number

Before any of your student information is released, the above person(s) must be able to verify their relationship to you, the last four digits of their own social security number.

By signing this document, you consent to the release of your student education records to the individual(s) listed above. This consent applies to records that may otherwise be protected under the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended by, 20 U.S.C. 1232g.

Requests for information about grades, transcripts, or academic standing will be referred to the Admissions and Records Office.

Student's Signature

Date

This form must be presented with acceptable photo identification and signed in the presence of a Student Financial Services Office staff member.