

signature.

STATE CENTER COMMUNITY COLLEGE DISTRICT

AUTHORIZATION TO RELEASE STUDENT INFORMATION (FERPA) FORM

STUDENT NAME:				STUDENT ID#:		
	Last	First	MI			
ADDRESS:	Street Address		APT	PHONE	#: _	Include area Code
	City	ST	ZIP			
academic. For your precords, it gives you	protection, FERPA limits reparents the right to re-	(FERPA) is a federal law that pro- release of student record informa view those records if they claim y copy of their most recent tax retu	tion without ou as a depe	your writtendent on t	en conso heir fed	ent. For Financial Aid eral income tax return.
financial aid reco authorization, I i any information	ords to the individua must provide a writ released by the Dis	elease of all information cor al(s) listed below. I unders ten notice to the Admission strict prior to receipt of the leased to any person(s) no	stand that ns and Rec cancellation	if I choo cords Off on reque	se to (ice. T st. If	cancel this his does not affect I wish to have my
Na	ame	Relationship to Student	SSN (I digit		Tel	ephone Number
	ou, the last four dig	tion is released, the above gits of their own social secu				
• Cu • So	ll name irrent Mailing Addre ocial Security numb ate of birth					
individual(s) liste	ed above. This con	consent to release your ed sent applies to educational s and Privacy Act (FERPA) o	records th	nat may	otherv	vise be protected
Admissions and meal plan charge This release does	Records Office. Req es and other studer s not apply to infor	des, transcripts, or academ quests for information abou nt account information will mation regarding your Vete s Educational Benefits infor	t tuition, f be referred erans' Educ	ees, cam d to the l cational	ipus h Busine Benefi	ousing charges, ess Services Office.
STUDENT SIGNATURE:					DAT	E:
		mpanied by the student's g				

Rev. 5/11/2016 md