Student Authorization for Release of Education Records Information

The Family Educational Rights and Privacy Act (FERPA) prohibits a school from disclosing personally identifiable information from students' education records without the consent of a parent or eligible student, unless an exception to FERPA's general consent rule applies. In some emergency situations, schools may only need to disclose properly designated “directory information” on students that provide general contact information. In other scenarios, school officials may believe that a health or safety emergency exists and more specific information on students should be disclosed to appropriate parties. Understanding the options available under FERPA empowers school officials to act quickly and decisively when concerns arise. FERPA is not intended to be an obstacle in addressing emergencies and protecting the safety of students.

FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all educational agencies and institutions that receive funds under any program administered by the Department of Education (“Department”). In this guidance, when we refer to “school districts,” “schools,” or “postsecondary institutions” we mean “educational agencies and institutions” subject to FERPA. Private schools at the elementary and secondary school levels generally do not receive funds from the Department and are, therefore, not subject to FERPA.

FERPA gives parents certain rights with respect to their children’s education records at elementary and secondary schools that are subject to FERPA’s requirements. These rights transfer to the student when he or she reaches the age of 18 or attends a postsecondary institution at any age (“eligible student”). Under FERPA, a parent or eligible student must provide a signed and dated written consent before a school discloses personally identifiable information from the student’s education records, 34 CFR § 99.30. See 34 CFR § 99.3 for the definition of “personally identifiable information.”

Exceptions to the general consent requirement are set forth in § 99.31 of the FERPA regulations. The term “education records” is defined as those records that are: (1) directly related to a student; and (2) maintained by an educational agency or institution, or by a party acting for the agency or institution. See 34 CFR § 99.3 for the definition of “education records” and a list of records that are not included in the definition. Accordingly, all records, including immunization and other health records, as well as records on services provided to students under the Individuals with Disabilities Education Act (IDEA) and records on services and accommodations provided to students under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990, that are directly related to a student and maintained by a school are “education records” under FERPA.
Directions for Student:

It is your obligation to complete, sign, and present, a separate Student Authorization for Release of Education Records Information form to any KCCD individual who may be called upon to disclose education records about you or your performance (e.g., registrar, financial aid counselor, student accounts/billing director, professor, internship supervisor, or cooperating teacher in a field experience).

Directions for KCCD faculty and staff:

A Student Authorization for Release of Education Records Information form completed and signed by the student, must be in your possession before disclosing education records or discussing the student’s performance with someone other than the student or another person as permitted by the law. The Authorization form must indicate the name of the person(s) or organizations/units to which you will disclose the student’s information.

Questions regarding FERPA should be directed to the General Counsel’s Office at (661-336-5040)
Kern Community College District
(KCCD)

Student Authorization for Release of Education Records Information

Name of Student ___________________________________

ID#: _____________________________________________

Date of Birth: ______________________________________

Phone: ___________________________________________

E-mail Address:

________________________________________________________________

Mailing Address:

________________________________________________________________

City/State/Zip:

________________________________________________________________

Student: please complete all four sections below, sign and date and deliver separate forms in-person to each individual or office that will provide the information.

1. Identify the name of the KCCD person(s)/offices that you are authorizing to disclose records information:
   __________Admissions and Records Department_____________________

   (Student -- you must submit separate forms to each KCCD person/office you authorize)

2. The following records may be disclosed (check all that apply):
   ___ class registration
   ___ grades
   ___ academic advising
   ___ financial aid
   ___ tuition/fees
   ___ KCCD employment
   ___ Health/Medical Records
   ___ other (specify):

   ____________________________________________________________________
   ____________________________________________________________________
3. The records may be disclosed to the following (check all that apply):

   ___ individual person (print name):
   _______________________________________

   ___ prospective employer(s)

   ___ school official(s) responsible for admission to educational programs

   ___ individual(s) responsible for scholarships, grants, etc.

   ___ other (specify):
   _______________________________________________________

4. The records may be disclosed for the following reason(s) (explain):

   Records are being sought in relation to a criminal investigation/complaint. Said records are to be released to the Kern County Public Defender’s Office through their agent, Samantha Bone, Public Defender Investigator.

   This authorization will remain in effect for one calendar year from the signature date below. The student may request to discontinue the authorization prior to the one year date if s/he files a written request for such with the appropriate office(s) or person(s).

   I am willing to allow that a photocopy or fax copy of this form be accepted with the same authority as the original: ___yes ___no

   _______________________________________________________

   Student’s Signature and Date