

Authorization for Release of Student Records

In accordance with the Family Rights and Privacy Act (FERPA), Student Services may only release student records directly to the student, unless prior written authorization is given by the student. By filling out this form you give permission to others to view and have access to your student records.

STUDENT INFORMATION

Last Name	First Name	Student ID or Last 4 digits of SSN
Email	Phone	Date of Birth
Street Address	City	State

INDICATE WHICH RECORDS TO BE RELEASED

- All Academic Records** (records include: transcripts, admissions and registration information, class schedules, grades, assessment test scores, academic progress status, residency information, and any other documentation contained in the academic records).
- All Student Accounting Records** (records include: amounts due for enrollment fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayment and any other information contained in student records).
- All Financial Aid Records** (records include: status of file, award and disbursement of funds information, satisfactory academic progress status, income information, and any other information contained in the financial aid application or file).
- Other** (Please specify) _____

I authorize the release of all information concerning my educational and financial 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 Office of Admissions and Records. If I wish to have my educational and financial records released to any other person(s) after this date, I must complete a new FERPA release form.

Name	Relationship	SSN (Last 4 digits)	Phone
Name	Relationship	SSN (Last 4 digits)	Phone

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, and all the following information about you:

- Full Name
- Social Security Number
- Date of Birth

By signing this document, you consent to the release of your educational and financial information to the individuals listed above. This consent applies to educational records that may otherwise be protected under the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended by, 20 U.S.C. 123g.

Initials I understand that although I am not required to release this information, I am giving my consent to Porterville College to disclose these records.

Initials This authorization shall stay in effect for the **current academic year** only or until such time as I revoke it, if earlier.

Student Signature

Date

OFFICE USE ONLY

Government Photo ID Verified _____