

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
relationship to yo information abou	ou, the last four dig ut you:	tion is released, the above gits of their own social secu				
• Cu • So	Ill name urrent 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