



American River College  
 Cosumnes River College  
 District Office  
 Folsom Lake College  
 Sacramento City College

## STUDENT CONSENT FOR RELEASE OF STUDENT RECORDS

This Form is for the Release of Recorded Information Only

### Student Information

Full Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Release Begins: \_\_\_\_\_ Release Ends: \_\_\_\_\_  
 Date: / / Date: / /

Under Federal legislation, namely the "Family Educational Rights and Privacy Act of 1974" (FERPA), I understand that generally my educational records cannot be released without my written permission. **This form will serve as your authorization to disclose your student record information to a third party.** A records release is limited to a catalog year, which begins before fall semester (June 1st) and ends after spring semester (May 30th). This request form is intended as a one-time-only use for each specific category of records you want released by the college (but your authorization may span over a Catalog year). You must submit a separate request for each category of records you seek to be released. This request is solely for the release of recorded information, and this form does not grant a discussion of student records or students.

I, therefore, request that the information listed below be released to the following:

Name \_\_\_\_\_ Title or Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Category of Information to be released:

- |  |                               |                            |
|--|-------------------------------|----------------------------|
| Admissions and Records                 | EOPS Records                  | Student Account Financials |
| Athletic Eligibility Records           | Financial Aid Records         | Transcripts                |
| CalWORKs Records                       | International Student Records | Veterans Records           |
| Other Program Records (Describe below) |                               |                            |

**Optional: Please specify which record you give consent to release.** (Please explain briefly)

**Why are you requesting the release of your records?** (Please explain briefly)

Signed this \_\_\_\_\_ day of \_\_\_\_\_  
 Day Month Year \_\_\_\_\_ Student Signature

<b>Office Use Only</b>		Date Processed: / /
Processed By: _____	Scan Doc Type: FERPA RELEASE	
Department: _____	Attach to Athletics Dept. Release Form	