



# STATE CENTER COMMUNITY COLLEGE DISTRICT

Fresno City College | Reedley College | Clovis Community College  
Madera Community College | Madera Community College at Oakhurst

## AUTHORIZATION TO RELEASE STUDENT INFORMATION (FERPA) FORM

**STUDENT NAME:** \_\_\_\_\_ **STUDENT ID:** \_\_\_\_\_  
 Last First MI

**ADDRESS:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
 Street Address APT if any MM/DD/YYYY

\_\_\_\_\_ **PHONE #:** \_\_\_\_\_  
 City ST ZIP Include area Code

The Family Education Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student records, both financial and academic. For your protection, FERPA limits release of student record information without your written consent. For Financial Aid records, it gives your parents the right to review those records if they claim you as a dependent on their federal income tax return. The Financial Aid Office must have a signed copy of their most recent tax return on file in the Financial Aid Office.

I, the undersigned, authorize the release of all information concerning my student account, academic and financial aid 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 Admissions and Records Office. This does not affect any information released by the District prior to receipt of the cancellation request. If I wish to have my educational and financial records released to any person(s) not listed below, I must complete a new FERPA Release Form.

Authorized Individual's Name	Relationship to Student	Date of Birth	Phone number with area code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 of the following information about you:

- Full name
- Current Mailing Address
- Social Security number
- Date of birth

By signing this document, you consent the release of your educational and financial information to the individual(s) 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. 1232g.

Requests for information about grades, transcripts, or academic standing will be referred to the Admissions and Records Office. Requests for information about tuition, fees, campus housing charges, meal plan charges and other student account information will be referred to the Business Services Office. This release does not apply to information regarding your Veterans' Educational Benefits – The Financial Aid Office will only release Veteran's Educational Benefits information to the recipient.

\_\_\_\_\_ **STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**This form submission must be accompanied by the student's government issued photo ID with student's signature.**