

## **Authorization for Release of Student Records**

In accordance with the Family Educational 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 for others to view and have access to your student records. By default, your records will not be released to anyone else until this form is properly filled out.

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Student Information		
Last Name	First Name	Student ID or last 4 digits of SSN
Email	Phone	Date of Birth
Street Address	City	State
ndicate which records to be rele	acad	
idicate which records to be rele	aseu	
		ions and registration information, class schedules, grades, assessment, and any other documentation contained in the academic records)
	I information as it relates to parking ti	e for tuition and fees, sources of payment for tuition and fees, refund ickets, library fines, financial aid repayments and any other information
☐ All Financial Aid Recor	ds (records include: status of file, aw	vard and disbursement of funds information, satisfactory academic on contained in the financial aid application or file)
Other (Please specify) _		
he following individuals are aut	horized to access the information sp	ecified above
Please PRINT full name(s):		
Spouse:	Parent 1:	
Agency:	Parent 2:	
Other (Name & Relationship)		
Caner (rame a netationsp)		
tudent Signature		
understand that although I an hese records.	n not required to release this inform	nation, I am giving my consent to the Peralta Colleges to disclose  Student Initial
This authorization shall stay in	effect for the current academic year	ar only or until such time as I revoke it, if earlier.  Student Initial
Student Signature		Date
Office Use Only		
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Sovernment issued photo ID v	erified	