



CONSENT TO RELEASE STUDENT EDUCATIONAL RECORDS

The Family Educational Rights and Privacy Act of 1974 (FERPA) prohibits the disclosure of information contained in your educational records to a third party, unless you provide written consent. You must complete a separate form for each third party to whom you grant access. Student must submit this form with a photo ID.

When completing this form, please use black or blue ink and **print** (or type) all information legibly.

Section A – Student Information

Name: _____
Last Name First Name MI

Student ID Number: _____

Address: _____
(street, apartment number, city, state, zip code)

Date of Birth: _____
Month/Day/Year

Phone Number: _____

Email: _____

RESTRICT ACCESS TO STUDENT DIRECTORY INFORMATION (Please sign and date – Section D)

Section B – Third Party Designee Information

Name: _____
Last Name First Name MI

Phone Number: _____

Home/Business Address: _____
(street, apartment number, city, state, zip code)

Section C – Student Certification

I, _____, give consent to the Ohlone Community College District to release my
(Student's Name)
educational records to the third party designee listed in *Section B* above. The **only** type of information that is to be released under this consent is: (check all that apply)

- Transcript
- Enrollment verification
- Financial aid records
- Contact Instructor
- Degree verification
(for employment or admission to other schools)
- All records

Other: (specify) _____

Section D – Student Acknowledgement

I acknowledge that this release is to remain in effect: (check one)

- from: _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)
- Until I submit a notification in writing revoking my authorization

Student Signature: _____ Date: _____

Photo identification will be required of any person requesting access to a student's record.

ADMISSION & RECORDS OFFICIAL USE ONLY: This area is to be used to make notes of items discussed/distributed.

Processed by: _____ Date: _____ Notes: _____