

PORTERVILLE COLLEGE

100 E College Ave
Porterville, CA 93257

Photo ID Confirmed	
() YES	() NO
Staff Initials	Date

Admissions & Records /Financial Aid

**AUTHORIZATION FOR RELEASE
OF STUDENT RECORD INFORMATION
(FERPA)**

2015 – 16

A new FERPA authorization form will need to be submitted each academic year

Please Print

Name: _____
(Last, First, M.I.)

Student ID Number: @ _____

Date of Birth: _____ / _____ / _____

“Statute: FERPA provides that an agency or institution may not have a policy or practice of disclosing personally identifiable information from education records without the “written consent” of the student or parent...”

Federal Register-Family Education Rights and Privacy Act 20 U.S.C. 1232g(b)(1).

You are hereby authorized to release the records and/or personal information therein of the above named individual.

TO:

(Individual to release information to – Last, First, M.I.)

Description of records or information to be released:

- | | |
|--|---|
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Financial Aid information/status |
| <input type="checkbox"/> Enrollment Verification | <input type="checkbox"/> Grades/GPA/Academic Progress |
| <input type="checkbox"/> Account Status | <input type="checkbox"/> Current Address/Phone number |
| <input type="checkbox"/> Enrollment Status | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Employment Verification | _____ |

Reason for release of records and/or personal information: (example: parent, spouse, relative, social worker, lawyer, friend)

Student’s Signature

Date