



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 31st). 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 students or student records.

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

Office Use Only		Date Processed: / /
Processed By: _____	Scan Doc Type: FERPA RELEASE	
Department: _____	Attach to Athletics Dept. Release Form	Rev. 8/5/2020