Authorization for Release of Student Records

In accordance with the Family Educational Rights and Privacy Act (FERPA), Peralta Community College District (PCCD) 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. Also, this form is used to opt-out of your directory information being released to anyone.

Student Information

First Name	Last Name	Student ID
Email	Phone	College
Address	City	State

Check to indicate which records to be released:

- ☐ **All Academic Records** (records include: transcripts, admissions and registration information, class schedules, grades, assessment test scores, academic progress status, residency information, and any other documentation contained in the academic records)
- ☐ **All Student Account Records** (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other information contained in student account records)
- ☐ **All Financial Aid Records** (records include: status of file, award and disbursement of funds information, satisfactory academic progress status, income information, and any other information contained in the financial aid application or file)
- ☐ **Other** (Please specify) _____

The following individuals are authorized to access the information specified above:

Parent:	Spouse:
Parent:	Other (Name and Relationship):
Agency (Name, Address and Phone):	

Opt Out:

- ☐ **Do not disclose any directory information** (Directory Information: weight, height and high school of graduation of athletic team members. Degrees and awards received by students, including honors, scholarship awards, athletic awards and other types of recognition.

Student Signature

I understand that although I am not required to release this information, I am giving my consent to the Peralta Colleges to disclose these records**. This authorization will expire at the end of the academic term unless a written request is submitted to authorize disclosure.**

_____

Student Signature Date

For District A&R Use Only

Government issued photo ID verified by: _____

FERPA notification assigned by: _____ Release expires: _____