

AUTHORIZATION TO RELEASE STUDENT INFORMATION (FERPA) FORM

STUDENT NAME:				STUDENT ID:	
	Last	First	MI		
ADDRESS:	Street Address		APT if any	PHONE #: Include area Code	
	Street Address		7ti Tili diliy	melade area code	
	City	ST	ZIP		
financial an consent. Fo dependent	nd academic. For your protector Financial Aid records, it give	tion, FERPA limits release res your parents the right r return. The Financial Aid C	of student record in to review those rec	ne privacy of student records, bot information without your written cords if they claim you as a signed copy of their most recent to	
aid records a written n prior to rec	to the individual(s) listed botice to the Admissions and	elow. I understand that i I Records Office. This doe uest. If I wish to have my	f I choose to cance s not affect any in educational and fi	t account, academic and financia el this authorization, I must provi formation released by the Distric inancial records released to any	de
	ıthorized dual's Name	Relationship to Student	Last of SS		
•	of your student information or digits of their own social se Full name Current Mailing Addres Social Security number Date of birth	ecurity number, and all of	• •	e to verify their relationship to yo mation about you:	ou,
listed above	his document, you consent t	lucational records that ma	y otherwise be pro	information to the individual(s) otected under the Family Education	onal
Office. Req account inf regarding y	uests for information about ormation will be referred to	tuition, fees, campus hous the Business Services Offi	sing charges, meal p ce. This release doe	erred to the Admissions and Reco plan charges and other student es not apply to information ease Veteran's Educational Benet	
	STUDENT SIGN	ATURE:		DATE:	

This form submission must be accompanied by the student's government issued photo ID with student's signature.