



# FERPA AUTHORIZATION RELEASE OF STUDENT RECORDS

In accordance with the Family Educational Rights and Privacy Act (FERPA), student records may only be released directly to the student, unless prior written authorization is given by the student.

## Student Information

Last Name	First Name	Student ID#	
Email Address		Date of Birth MM/DD/YY	
Address	City	State	Zip
Daytime telephone number			

## Initial to indicate which records to be released:

\_\_\_\_\_ **All Academic Records** (records include: transcripts, admissions and registration information, class schedules, grades, academic progress status, residency information, and any other documentation contained in the academic records)

\_\_\_\_\_ **Other** (Please Specify) \_\_\_\_\_  
**Please Note: Counseling and Services for Students with Disabilities records are considered medical records and are not covered under FERPA rules. A separate release must be obtained from these offices.**

## The following individuals are authorized to access the information specified above.

Please PRINT full name:

Spouse \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother/Stepmother \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agency \_\_\_\_\_

Father/Stepfather \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other (Name/relationship/Date of Birth) \_\_\_\_\_

## Student signature

I understand that although I am not required to release this information, I am giving my consent to Palo Verde College to disclose these records. **Student Initial** \_\_\_\_\_

This authorization shall stay in effect until such time as I revoke it. **Student Initial** \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_