|  |
| --- |
|  |
| **Consent to Release FERPA Protected Information and/or Representative Authorization**The proponent department is Legal Services**THIS FORM IS PROTECTED UNDER THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974** |
| **AUTHORITY:** 20 USC. 1232g; 34 CFR Part 99; F.4.1 (Policy) Student Education Records; St. Philip's College Catalog**PRINCIPAL PURPOSE:** Request by a student to release their educational records to another person(s) or entity or to authorize representation. This Consent form does not cover medical records held solely by the College Health Center or the Counseling Center.**ROUTINE USES**: Used as consent by a student to release FERPA protected student information or give representative authorization.**DISCLOSURE:** Voluntary. Failure to furnish information may result in denial of educational records or representative authorization. |
| 1. STUDENT ID | 2. HOME COLLEGE* NLC ☐ NVC ☐ PAC ☐ SPC ☐ SAC
 | 3. DATE OF REQUEST |
| 4. STUDENT NAME (LAST, FIRST) | 5. STUDENT EMAIL (ACES)@student.alamo.edu | 6. DATE OF BIRTH |
| 7. PRIMARY STREET ADDRESS | 8. CITY | 9. STATE | 10. ZIP |
| 11. PRIMARY PHONE | 12. EMERGENCY CONTACT NAME AND PHONE |
| 13. I AUTHORIZE THE FOLLOWING PERSON OR ENTITY TO RECEIVE COPIES OF MYEDUCATIONAL RECORD, DESIGNATED IN BOX 14 |
| 13a. Name | 13b. Address | 13c. E-Mail |
| 14. INFORMATION TO BE RELEASED UNDER THIS CONSENT? Check all that apply:* Recommendations for employment or admission to other schools
* Transcript ☐ Disciplinary Records ☐ All Records ☐ Other(Specify)
 |
| 15. IF STUDENT CONSENTS TO RELEASE INFORMATION, STUDENT MUST COMPLETE THIS BLOCKI understand the information is released in the form of copies of written records. I have a right to inspect any records released pursuant to this Consent (except for parents’ financial records and certain letters of recommendation for which the student waived inspection rights).A student may only select one option below. Non-selection will make this Consent ongoing under the terms of Option 2.* Option 1: This Consent is **not** ongoing and is valid for the limited purpose of releasing the information which is available today to the party/entity designated above.
* Option 2: This Consent shall remain in effect until such time I am no longer a student at any college in the District or I revoke this Consent in writing, whichever occurs first. **I understand I may revoke this Consent at any time.**

**\*Education records are ready for review no later than 45 days of a request.\*** |

|  |
| --- |
|  |
| 16. I AUTHORIZE THE FOLLOWING PERSON OR ENTITY TO ACT ON MY BEHALF REGARDING MY EDUCATIONAL ENROLLMENTAND TO SIGN AND SUBMIT DOCUMENTS ON MY BEHALF |
| 16a. Name | 16b. Address | 16c. E-Mail |
| 17. ACTIVITIES ALLOWED UNDER THIS AUTHORIZATION? Check all that apply:* Selecting Courses ☐ Registration ☐ Financial Aid ☐ Payments
* Drop/Withdrawal ☐ Disability Services ☐ Graduation ☐ Other(Specify)
 |
| 18. LENGTH OF AUTHORIZATIONA student may only select one option below. Non-selection will make this Authorization ongoing under the terms of Option 2.* Option 1: This Authorization is **not** ongoing and is valid only for days from today’s date.
* Option 2: This Authorization shall remain in effect until such time I am no longer a student at any college in the Alamo Colleges District or I revoke this Consent in writing, whichever occurs first.

**I understand I may revoke this Authorization at any time.** |
| 19. PRINT STUDENT NAME | 20. STUDENT SIGNATURE |
| **FOR OFFICE USE ONLY** |
| 21. RECEIVED BY | 22. DATE |
| 23. PHOTOCOPY OF SIGNING PARTY’S, VALID PICTURE ID ATTACHED* Yes ☐ No
 | 24. PHOTOCOPY OF REPRESENARTIVE’S PARTY’S, VALID PICTURE ID ATTACHED* Yes ☐ No
 |
| **\*\*A photocopy of signing party’s current, valid picture ID must accompany this form.\*\*** |
| 25. FOR FERPA CONSENT, NAME, DATE AND WHAT COPIES OF RECORD(S) PROVIDED TO THIRD PARTY: |