ALAMO COLLEGES DISTRICT

CONSENT TO RELEASE FERPA-PROTECTED STUDENT INFORMATION

(Note: this Consent does **not** cover medical records held solely by the College Health Center or the Counseling Center – contact those offices for consent forms.)

TO: _____ (Name of College Official and Dept.)

Information to be released under this Consent:

_____ Recommendations for employment or admission to other schools
_____ Transcript
_____ Disciplinary records
_____ All records
_____ Other (Specify)
_____
_____

IF STUDENT CONSENTS TO RELEASE INFORMATION, STUDENT MUST COMPLETE THIS SECTION

I understand the information will be 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).

Student may only select one option below. Failure to select any option will deem this Consent ongoing under the terms of option no. 2.

_____ 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.

_____ 2. This Consent shall remain in effect until such time that 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.**

_____
Print Name

_____
Signature

Date: _____

Please provide information from the education records of:

_____
Print Student's Full Name

_____
Student ID. No.

Please provide the information to:

_____
_____
_____
_____

IF PARENT/GUARDIAN SEEKS INFORMATION, PARENT/GUARDIAN MUST COMPLETE THIS SECTION

I understand the information will be released in the form of copies of written records. I hereby affirm that

_____
Name of Student

is listed as a dependent on my most recently filed, personal federal tax return. **A copy of the page from my most recent federal tax return listing the named student as a dependent is attached. Student's consent is NOT needed if Parent/Guardian provides tax document.**

_____
Print Name of Parent/Guardian

_____
Signature of Parent/Guardian

Relationship to Student: _____

Date: _____

****A photocopy of signing party's current, valid picture ID must accompany this form.**

FOR OFFICE USE ONLY:
Print Name of Processor/Clerk: _____
Photocopy of signing party's current, valid picture ID attached. _____Yes _____ No
Date copies of records provided to Student, Parent/Guardian, or designated third party: _____