



## AUTHORIZATION TO RELEASE INFORMATION

**An attached copy of the student's valid picture ID & signature are required upon submission of release.**

The purpose of The Family Educational Rights and Privacy Act of 1974 (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student's academic records. I understand that in order for San Joaquin Delta College to honor a verbal or written request or request by proxy for information by anyone other than the individual student, a signed authorization must be on file.

In accordance with The Family Educational Rights and Privacy Act of 1974 (FERPA), I, the undersigned student hereby permit San Joaquin Delta College to disclose the information specified below to the following individual or agency listed and agree that specified information indicated will be released with my full consent. I understand that this authorization remains in effect until I provide an updated Authorization to Release Information form to withdraw my consent for the authorized individuals or agencies or by the expiration date listed below.

I hereby releases San Joaquin Delta College from any and all liability for damages of whatever kind which may result because of compliance with this authorization and request for information or any attempt to comply with it.

**The following information from my academic records at San Joaquin Delta College may be released to the specified person/agency listed below:**

<input type="checkbox"/> <b>RESIDENCY</b> <input type="checkbox"/> <b>TUITION FEES &amp; PAYMENT HISTORY</b> <input type="checkbox"/> <b>VERIFICATIONS</b> <input type="checkbox"/> <b>TRANSCRIPTS</b> <input type="checkbox"/> <b>OTHER</b> _____
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Name of Representative or Agency	Phone Number	
Mailing Address (if applicable)	State	Zip Code

\_\_\_\_\_  
Print Name of Student (Last Name, First Name)

\_\_\_\_\_  
Birth Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Expiration Date of Consent

**\*STUDENT WITHDRAWL OF CONSENT FOR RELEASE OF INFORMATION\***

I hereby withdraw my consent for my parent, guardian, or other third party as named above, to have access to my education records effective immediately. If I wish to reinstate the authorization to release information, I understand that I will have to complete another form at that time.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Withdraw Date