



3000 College Heights Blvd.
Ridgecrest, CA 93555

A Campus of Kern Community College District

**AUTHORIZATION FOR RELEASE OF STUDENT RECORD INFORMATION
(FERPA WRITTEN CONSENT)**

PLEASE PRINT:

Name: _____
(Last, First, Middle Initial)

Assigned Student ID #: _____ Date of Birth: _____

"Statute: FERPA provides that an agency or institution may not have a policy or practice of disclosing personally identifiable information from education records without the 'written consent' of the student or parent . . ."

-- Federal Register -- Family Education Rights and Privacy Act 20 U.S.C. 1232(B)(1)

You are hereby authorized to release the records and/or personal information therein of the above named individual

TO: _____
(Print Name)

Relationship to Student: Parent Spouse Relative Social Worker Friend Other

NOTE: This authorization is in effect only for the semester in which it is submitted. Any requests for information received beyond the current semester will be denied unless a new authorization is submitted.

Description of records or information to be released:

- | | |
|--|---|
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Financial Aid Information/Status |
| <input type="checkbox"/> Enrollment Verification | <input type="checkbox"/> Grades/GPA/Academic Progress |
| <input type="checkbox"/> Account Status | <input type="checkbox"/> Current Address/Phone Number |
| <input type="checkbox"/> Enrollment Status | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Employment Verification | <input type="checkbox"/> Other (please specify) _____ |

Specify reason for release of records and/or personal information:

Student's Signature

Date