



FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA) AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

In accordance with the Family Educational Rights and Privacy Act (FERPA), Yuba Community College District (YCCD) may only release student records directly to the student, unless prior written authorization is given by the student. By filling out this form you give permission for others to view and have access to your student records. This form is also used to opt-out of your directory information being released to anyone.

Name: _____ Student ID#: _____

Phone #: _____ Student Email: _____@go.yccd.edu

Records to be released:

- All Academic Records (including transcripts, admissions and registration information, class schedules, grades, assessment test scores, academic progress status, residency information, and any other documentation contained in the academic records)
- All Student Account Records (including balances due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, financial aid repayments and any other information contained in student account records)
- All Financial Aid Records (including status of file, award and disbursement of funds information, satisfactory academic progress status, income information, and any other information contained in the financial aid application or file)
- Other (Please specify): _____

The following individuals are authorized access to the information specified above:

Name: _____ Relationship to Student: _____

Name: _____ Relationship to Student: _____

Opt Out:

- Do not disclose any directory information (Directory Information: Name, address, telephone, email address, photograph, dates of attendance, student ID number and gender)

Student Signature:

I understand that although I am not required to release this information, I am giving my consent to Yuba College to disclose these records. This authorization will expire at the end of the academic term unless a written request is submitted to authorize disclosure.

Student Signature: _____ Date: _____

OFFICE USE ONLY: Processed by: _____ Date: _____ Release Expires: _____