



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.

STUDENT INFORMATION:

Please print

Form with fields: First Name, Last Name, Student ID or last 4 digits of SSN, Email, Phone, Date of Birth, Address, City, State

CHECK TO INDICATE WHICH RECORDS TO BE RELEASED:

- All Academic Records
All Student Account Records
All Financial Aid Records
Other (Please specify)

THE FOLLOWING INDIVIDUALS ARE AUTHORIZED TO ACCESS THE INFORMATION SPECIFIED ABOVE:

Please print

Form with fields: Parent, Spouse, Other (Name and Relationship), Agency (Name, Address and Phone)

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 ____/____/____

FOR DISTRICT A & R USE ONLY

Government issued photo ID verified by: _____

FERPA notification assigned by: _____

Release expires: ____/____/____