



**Rio Hondo College**  
**Authorization for Release of Student Record**  
**Information**  
**FERPA Written Consent**



**Please print:**

Name: \_\_\_\_\_  
Last First M.I.

Student ID: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C> 1232g(b) (1) is a federal law that protects the privacy of student educational records.

- Eligible students have the right to inspect and review their student educational records maintained by the school.
- Eligible students have the right to request that schools correct records which they believe to be inaccurate or misleading.
- Schools MUST have written permission from an eligible student in order to release information from a student's educational record.

*You are hereby authorized to release the records and/or personal information therein of the individual(s) named below.*

**To:** \_\_\_\_\_  
(Individual to release information to: Last, First, M.I.) \_\_\_\_\_  
(Relationship to eligible student)

\_\_\_\_\_ \_\_\_\_\_  
(Individual to release information to: Last, First, M.I.) (Relationship to eligible student)

**Description of records or information to be released:**

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

Date	Print Student Name	Student Signature
Date	Print Witness Name <i>(college official)</i>	Witness Signature <i>(college official)</i>