



STUDENT CONSENT FOR ACCESS TO EDUCATION RECORDS

Contra Costa College
Office of Admissions and Records

Instructions for completing this form:

1. The form must be fully completed and signed by the student. Records cannot be released if any section of this form is not filled out entirely.
2. Completed forms should be submitted to the Office of Admissions and Records.

Name of Student:			Date of Birth:	Student ID:
_____	_____	_____	_____	_____
Last name	First name	Middle Initial	(MM/DD/YY)	

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to the Registrar allowing the release of their education records to specified third parties. Please note that while this form authorizes CCC to release education records to third parties, it does not obligate CCC to do so. CCC reserves the right to review and respond to requests for release of education records on a case-by-case basis. For additional information, visit the U.S. Dept. of Education's website at www.ed.gov/policy/gen/guid/fpco/ferpa/index.html.

SECTION A. Education records to be released (check all that apply):	SECTION C. Duration of release (check one):
<input type="checkbox"/> Academic Information (grades/GPA, registration, student ID number, academic progress, enrollment status) <input type="checkbox"/> Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity) <input type="checkbox"/> All records listed above <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> One-Time Use: This authorization can be used only once. <input type="checkbox"/> Limited Use: This authorization expires on: _____
SECTION B. Person(s) to whom access to education records may be provided:	SECTION D. Purpose of release (check one):
_____ Name(s) of person(s) to whom access to records may be provided (use additional pages if necessary) _____ Address(es) of person(s) to whom access to records may be provided Relationship to Student: _____	<input type="checkbox"/> Family Communications <input type="checkbox"/> Employment <input type="checkbox"/> Admission to an <input type="checkbox"/> Educational Institution <input type="checkbox"/> Other (please specify): _____

I understand that (1) I have the right not to consent to the release of my education records, (2) I have the right to inspect any written records released pursuant to this consent, and (3) I have the right to revoke this consent at any time by delivering a written revocation to the Office of Admissions and Records.

Student's Signature (Date)

Signature of Parent or Guardian (if under 18) (Date)

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.