



## FERPA: Release of Records Permission

In accordance with the Family Educational Rights and Privacy Act (FERPA), Saddleback College may only release student records directly to the student, unless prior written authorization is given by the student.

**STUDENT INFORMATION: (Please print)**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Last Name First Name  
Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

My signature below indicates my authorization for Saddleback College to release the following information:

- 1) All Academic Records** (records include but are not limited to: transcripts, admission and registration information, class schedules, grades, assessment test scores, academic progress status, residency information and any other documentation contained in the academic records)
- 2) All Student Account Records** (records include but are not limited to: amounts due for tuition and fees, refund information, records holds information as it relates to parking tickets, library fines, delinquent accounts and any other information contained in student account records)
- 3) All Immigration Records** (records include: SEVIS violations such as status violations, failure to enroll, dropping below 12 units, unauthorized withdrawal and transfer information and any other information contained in SEVIS records).

**AUTHORIZED RECIPIENT INFORMATION:**

The above information may be released to: \_\_\_\_\_ : its representatives.  
(Embassy and/or Sponsor/organization Name)

My signature confirms that I understand that the above information (***described in items 1,2 & 3***) **will be automatically** released to facilitate the terms of my sponsorship and/or scholarship requirements. I understand this authorization will remain in effect for six (6) years or until such time that I cancel this release it in writing.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (Month/Day/Year)

*Office Use:* Date Received \_\_\_\_\_

Staff Initials \_\_\_\_\_