



### Student Information Release Form (FERPA)

Subject to certain exceptions (known as Directory Information) set forth in the Federal Family Education Rights and Privacy Act (FERPA) of 1974, Feather River College will not provide personally identifiable student information to third parties without the student’s signed, written permission. This information includes, but is not limited to: registration, student financial records, assessments, financial aid, and other student records.

You, the student, may grant Feather River College permission to release authorized information to a third party by submitting this completed form. Third parties include, but are not limited to: parents, spouses and third-party sponsors. A **separate form** must be submitted for **each** person/agency to which you wish to grant access to your information. Authorized information will be provided only upon request by, and proof of identity of, the third party.

|   |                             |
|---|-----------------------------|
| <b>YOUR STUDENT INFORMATION RELEASE FORM REMAINS IN EFFECT FOR THE ENTIRE ACADEMIC YEAR: JULY 1, 2017 – JUNE 30, 2018</b> | <b>FRC ID Number:</b> _____ |
|---|-----------------------------|

|                                  |      |       |     |                      |
|----------------------------------|------|-------|-----|----------------------|
| <b>Print Student Information</b> |      |       |     |                      |
| First                            | M.I. | Last  |     |                      |
| Current Mailing Address          | City | State | Zip | Current Phone Number |

|   |  |                         |                      |
|---|--|-------------------------|----------------------|
| <b>Print Third Party Designee: PERSON</b> |  |                         |                      |
| Name                                      |  | Relationship to Student |                      |
| Address (City, State, Zip)                |  | Birthdate               | Last 4 Digits of SSN |

|   |                     |
|---|---------------------|
| <b>Print Third Party Designee: AGENCY</b> |                     |
| Name                                      | Agency/Organization |
| Address (City, State, Zip)                | Phone Number        |

|   |
|---|
| <b>Information Types Allowed (Check one or more of the boxes below to grant authorization):</b>   |
| <input type="checkbox"/> Registration, academic performance/standing, class schedule, transcripts and/or enrollment information, degree, grade point average, housing (Registrar) |
| <input type="checkbox"/> Financial aid awards, application data, disbursements, eligibility and/or financial aid satisfactory academic progress (Financial Aid)                   |
| <input type="checkbox"/> Finance-related records, including billing statements, charges, credits, payments and past-due amounts (Registrar)                                       |
| <input type="checkbox"/> All Veterans Education Benefits Information (Financial Aid)  |
| <input type="checkbox"/> Housing & Homeless Services/Foster, Homeless & Transitional Youth Services (Financial Aid)   |

***Incomplete, incorrect, unsigned or undated forms will not be accepted and will be returned to the student.***

*By submitting this form, you are not giving the third party authorization to speak, act, or sign any documents on your behalf. If you are contacted by phone by any college department, the college reserves the right to speak only to you and no one else.*

**Certification:** By signing below, I consent to the release of the personal student information specified above to the individual or agency listed.

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

\_\_\_\_\_  
Date