



**Feather River College**  
Financial Aid

**2024-2025**  
**Student Information**  
**Release (FERPA) Form**

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.

**Note: this student information release form remains in effect for one academic year (July 1, 2024 – June 30, 2025)**

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>Print Student Information</b>		<b>FRC ID Number:</b> _____		
First	M.I.	Last		
Current Mailing Address	City	State	Zip	Current Phone Number

<b>Print Third Party Designee: PERSON (parent, relative, spouse, etc.)</b>		
Name	Relationship to Student	
Address (City, State, Zip)	Birthdate	Last 4 Digits of SSN

<b>Print Third Party Designee: AGENCY (scholarship donor, employer, etc.)</b>	
Name	Agency/Organization
Address (City, State, Zip)	Phone Number

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

**This worksheet must be signed and dated to be valid. Electronic and/or digital signatures are not valid.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>	
<input type="checkbox"/> Comment in SPACMNT about info released	
Processed/Reviewed By:	Date: