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FERPA AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

The Family Educational Rights and Privacy Act (FERPA) gives students certain rights with respect to their education records. FERPA prevents Yuba Community College District officials from discussing non-directory information with third parties.

Use this form to allow district officials to discuss specific, non-directory information about your educational record to third parties.

This form may be filled in electronically, however a handwritten signature is required. Please sign this form and submit it to Admissions and Records with a photo ID.

Student information will only be discussed in person to the individuals listed below. A photo ID of the third party is required for identity verification prior to the release of any records. This authorization does not allow third parties to act on behalf of the student, or release documents. Copies of records will not be released to third parties unless required by law.

This authorization will expire at the end of the academic term unless a written request is submitted to authorize disclosure.

Under the provisions of the Family Educational Rights and Privacy Act of 1974 as amended, I,

Name: _____ Student ID#: _____

Phone #: _____ Home College: Yuba College Woodland Community College

hereby authorize the district to disclose the following information from my educational record:

- Registration and Academic Records:** includes information such as current and past enrollment, enrollment activity and status, grades received, grade point average (GPA), academic progress, transfer credit awarded, graduation status
- Accounting and Financial Aid Records:** includes information such as tuition and fees, account balances, financial holds, payment plan details, accounting statements, collections and debt information, and all information related to financial aid
- All Records:** All Registration, Academic, Accounting, and Financial Aid Records

to the following individuals:

Name: _____ Relationship _____

Name: _____ Relationship _____

For the purpose of: _____

I fully understand that the district does not assume any responsibility for contacting me for subsequent release of this information and, regardless of the effect upon me; the district assumes no liability for honoring my instructions. I understand I may revoke this authorization at any time by notifying Admissions and Records in writing.

Student Signature: _____ Date: _____

OFFICE USE ONLY: Processed by: _____ Date: _____ Release Expires: _____