



# OFFICE OF ADMISSIONS & RECORDS

50 Frida Kahlo Way • MUB 188 • San Francisco, CA 94112 • 415.239-3285 • admit@ccsf.edu

## FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA) AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

In compliance with the **Family Education Rights and Privacy Act of 1974 (FERPA)**, City College of San Francisco is prohibited from providing certain information from your student academic, disciplinary and/or complaint records to a third party. This restriction applies, but is not limited to your parents, your spouse or a sponsor.

As a matter of policy, CCSF reserves the right **not** to release certain aspects of student records (e.g., disciplinary information, registration, grades, grade point average) over the **telephone or via electronic mail**.

You may, at your discretion, grant CCSF permission to release information about your student education records to a third party by submitting a completed Authorization to Release Confidential Information form. You must complete a separate form for each third party to whom you wish to grant access to information in your student academic, disciplinary and/or complaint records. The specified information will be made available only if requested by the student or authorized third party.

**INSTRUCTIONS AND INFORMATION:** In order to facilitate the release of your education records to listed third parties, please complete this form and deliver it to the CCSF Office of Admissions & Records (MUB, Room 188) with a photo identification.

**Important Note:** The authorized party must identify himself or herself to the Office of Admissions & Records at each attempt of contact and inform the staff that the authoring paperwork is on file.

SECTION A: Student Information	
Student Name (Last, First, Middle Initial)	Student ID Number

SECTION B: Release of Information
<p><b>I. Please check one or more of the boxes below to grant authorization to different areas/types of student record information:</b></p> <p><input type="checkbox"/> My Academic Records (including but not limited to Grades/G.P.A. Demographic Information, Registration, Student ID Number, Enrollment Verification, Common or Transfer Applications)</p> <p><input type="checkbox"/> My Disciplinary Record (including not limited to Alleged Violations of the Code of Student Conduct, Disciplinary Sanctions, Student Misconduct, Criminal Reports or Title IX/Sexual Assault or Harassment Complaints)</p> <p><input type="checkbox"/> Student Accounts/Tuition &amp; Fees (Billing Statements, Charges, Credits, Payment, Past Due Amounts)</p> <p><input type="checkbox"/> OTHER (IF CHECKED, PLEASE SPECIFY): _____</p> <p><b>II. Purpose of Release:</b> _____</p>

SECTION C: Third Party Designee		
Name (Last, First, Middle Initial or Agency/Organization Name)	Contact Number	Relationship to Student
Current Mailing Address (Street or PO Box #, Apartment #, City, State, and Zip Code)		Authorization Date: From _____ To _____

SECTION D: Student Certification	
I, the student, understand that by signing this form, I grant CCSF permission to discuss and/or release information in my academic, disciplinary and/or complaint records to the person listed above. I further understand that this form will be kept on permanent file and that I may revoke it at any time by submitting a written request. This authorization does not permit the listed party to make any changes to my academic, disciplinary and/or complaint records.	
Student's Signature:	Date:

<b>FERPA – OFFICE USE ONLY</b>	Received on (Date): _____	Received by (Person): _____
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