



FINANCIAL AID OFFICE

50 PHELAN AVENUE • SAN FRANCISCO, CA 94112 ☎ (415) 239-3577 • Fax (415) 239-3917
<http://www.ccsf.edu/en/student-services/financial-aid.htmlccsf.edu/>

OFFICE USE ONLY

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 education records and/or financial aid 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., 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 education 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 Financial Aid Office (Cloud Hall 324) with a photo identification.

Please Note: The authorized party must identify himself or herself to the Financial Aid Office at each attempt of contact and inform us that the authoring paperwork is on file.

SECTION A: Student Information		
Student Name (Last, First, Middle Initial)		Student ID Number
SECTION B: Release		
<p>I. Please check one or more of the boxes below to grant authorization to different areas/types of student record information:</p> <p><input type="checkbox"/> Academic Records (Grades/GPA, Demographic Data, Registration, Student ID Number, Other Enrollment as it pertains to Financial Aid eligibility and/or requirements)</p> <p><input type="checkbox"/> Financial Aid (Awards, Application Data, Disbursements, Eligibility, Satisfactory Academic Progress)</p> <p><input type="checkbox"/> Student Accounts/Tuition & Fees (Billing Statements, Charges, Credits, Payment, Past Due Amounts, Collection activity as it pertains to Financial Aid eligibility and/or requirements)</p> <p><input type="checkbox"/> Other (IF CHECKED, PLEASE SPECIFY): _____</p> <p>II. Purpose of release: _____</p>		
SECTION C: Third Party Designee		
Name (Last, First, Middle Initial or Agency/Organization Name)	Contact Number	Relation to Student
Current Mailing Address (Street or PO Box #, Apartment #, City, State, and Zip Code)		Designate a 4 digit pass-code (will be used to verify your identity)
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 education 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 education records nor my financial aid records.		
Student's Signature:		Date:

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