



OFFICE OF ADMISSIONS & RECORDS

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AUTHORIZATION TO RELEASE INFORMATION

The purpose of *The Family Educational Rights and Privacy Act of 1974 (FERPA)* is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student's academic records. I understand that in order for City College of San Francisco to honor a verbal or written request or request by proxy for information by anyone other than the individual student, a signed authorization must be on file.

I, the undersigned, _____, CCSF ID# _____ hereby authorize the Custodian of Records or designee of City College of San Francisco to release any information pertaining to my academic records including, but not limited to grades, class schedule, units completed, transcripts, fees paid, fees due and attendance records to the designated representative or agency, named below. All of my aforementioned information will be released with my FULL CONSENT. **It is understood that this authorization remains in effect until I provide, in person, a letter requesting that the authorization be canceled or by the expiration date listed below.**

The undersigned hereby releases City College of San Francisco, as custodian of such records, from any and all liability for damages of whatever kind which may result because of compliance with this authorization and request for information or any other attempt to comply with it.

Name of Representative or Agency

Mailing Address (if applicable) State Zip Code

Print Name of Student (Last Name, First Name) Birth Date

Signature of Student Today's Date

Student Identification Number Expiration Date of Consent

For Office Use Only		
Received by: _____	Date: _____	Type of Identifying Document: _____
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A&R Form - 03/2011		