



AUTHORIZATION TO RELEASE INFORMATION

A copy of the student's valid picture ID & signature must be submitted with this Authorization form.

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. In order for San Joaquin Delta College to honor a verbal or written request or request by proxy for information by anyone other than the individual student, a signed authorization from the student must be on file.

In accordance with The Family Educational Rights and Privacy Act of 1974 (FERPA), I, the undersigned student hereby permit San Joaquin Delta College to disclose the information specified below to the individual or agency listed and agree that the specified information will be released with my full consent. I understand that this authorization remains in effect for one (1) year or the expiration date listed below, or until I provide an updated form withdrawing my consent to release the designated information to the individual or agency listed.

I hereby release San Joaquin Delta College from any and all liability for damages of any kind which may result because of compliance with this authorization and request for information or any attempt to comply with it.

The following information from my academic records at San Joaquin Delta College may be released to the specified person/agency listed below:

<input type="checkbox"/> RESIDENCY	<input type="checkbox"/> TUITION FEES & PAYMENT HISTORY
<input type="checkbox"/> VERIFICATION	<input type="checkbox"/> TRANSCRIPTS
<input type="checkbox"/> ANY EDUCATIONAL RECORDS REQUESTED	
<input type="checkbox"/> OTHER _____	

Name of Representative or Agency		Phone Number
Mailing Address (if applicable)	State	Zip Code

Print Name of Student (Last Name, First Name)

Birth Date

Student Signature

Date Signed

Student ID Number

Expiration Date of Consent

STUDENT WITHDRAWAL OF CONSENT FOR RELEASE OF INFORMATION

I hereby withdraw my consent for my parent, guardian, or another third party as named above, to have access to my education records effective immediately. If I wish to reinstate the authorization to release information, I understand that I will have to complete another form at that time.

Student's Signature

Withdraw of Release Date

Please return to San Joaquin Delta College, Admissions & Records, DeRicco Building

Updated: 4/6/2023