



San Joaquin Delta College Authorization of Release for Information

Student consent for Education Records to be released to Parent(s), Legal Guardian(s), other tuition provider(s), or other person(s) indicated:

Student Delta ID #98- _____ --- _____ Date _____ / _____ /20 _____

Student First Name _____ Last Name _____

Previous Name(s) _____ Date of Birth ____ / ____ / _____

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned student hereby permits San Joaquin Delta College to disclose the information specified below to the following individual(s) or agency.

Name _____ Name _____

Relationship _____ Relationship _____

Contact Number _____ Contact Number _____

The consent shall be valid for no more than five (5) business days from date received unless or until modified or rescinded in writing by the above named student. The parent(s), legal guardian(s), tuition provider(s), or other indicated individual(s) agree that they shall not disclose the specified information to third parties without the student's authorization. **A copy of the student's valid picture ID and signature is required when submitting the Authorization of Release for Information.**

INFORMATION TO BE RELEASED:

The following information from my records at San Joaquin Delta College may be released to the above specified person(s):

<input type="checkbox"/> Residency Classification <input type="checkbox"/> Tuition and Fees status <input type="checkbox"/> Verifications	<input type="checkbox"/> Transcripts <input type="checkbox"/> Other: _____
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I have read and understand the contents of this consent form pertaining to FERPA (1974).

Student Signature _____ Date _____