



# FERPA AUTHORIZATION RELEASE OF STUDENT RECORDS

In accordance with the Family Educational Rights and Privacy Act (FERPA), Enrollment Services may only release student records directly to the student, unless prior written authorization is given by the student.

## Student Information

Last Name	First Name	Student ID#	
@mycod.us			
College Email Address	Date of Birth MM/DD/YY		
Address	City	State	Zip
Daytime telephone number			

## Initial to indicate which records to be released:

\_\_\_\_\_ All Academic Records (records include: transcripts, admissions and registration information, class schedules, grades, assessment test scores, academic progress status, residency information, and any other documentation contained in the academic records)

\_\_\_\_\_ All Student Account Records (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information, records hold information as it relates to parking tickets, library fines, Financial Aid repayments and any other information contained in student account records)

\_\_\_\_\_ All Financial Aid Records (records include: status of file, award and disbursement of funds information, Satisfactory Academic Progress status, income information, and any other information contained in Financial Aid application or file)

\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

Please Note: Counseling and Services for Students with Disabilities records are considered medical records and are not covered under FERPA rules. A separate release must be obtained from these offices.

## The following individuals are authorized to access the information specified above.

Please PRINT full name:

Spouse \_\_\_\_\_ Mother/Stepmother \_\_\_\_\_

Agency Eisenhower Medical Center \_\_\_\_\_ Father/Stepfather \_\_\_\_\_

Other (Name & relationship) \_\_\_\_\_

## Student signature

I understand that although I am not required to release this information, I am giving my consent to College of the Desert to disclose these records. **Student Initial** \_\_\_\_\_

This authorization shall stay in effect until such time as I revoke it. **Student Initial** \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Office Use Only

Photo ID verified \_\_\_\_\_ ☐ STRK