



FERPA Authorization Release of Student Records

In accordance with the Family Educational Rights and Privacy Act (FERPA), Student Services may only release student records directly to the student, unless prior written authorization is given by the student. By filling out this form you give permission for others to view and have access to your student records. By default, your records will not be released to anyone else until this form is properly filled out.

Student Information

_____		_____	_____	
Last Name		First Name	Student ID Number	
_____		_____	_____	
College Email Address @mycod.us		Daytime Phone Number	Birthdate	
_____		_____	_____	
Street Address		City	State	Zip Code

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 the 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 form must be obtained from these offices.

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

Please PRINT full name(s):

Spouse: _____ Mother/Stepmother: _____

Agency: _____ 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 for the current academic year only or until such time as I revoke it, if earlier. **Student Initial** _____

Student Signature Date

Office Use Only

Government issued photo ID verified _____ STRK _____