FERPA CONSENT TO RELEASE STUDENT INFORMATION

This form is only for the release of records as indicated below, and must be submitted in person by the student with valid Photo ID to the Enrollment Information Center staff or staff at the Academic Services Center on the Concord campus, or directly to the department responsible for the record (i.e. Housing Office). Please PRINT ALL INFORMATION clearly.

LAST NAME: _________________________________ FIRST NAME: _________________________________

NET ID: ______________________ PHONE NUMBER: _________________________________

I hereby give my consent for my parent, guardian or other third party, as named below, to have access to my records as marked below. This consent will remain in effect until rescinded.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The only type of information that is to be released under this consent is (Please Indicate All Applicable):

- [ ] Financial Aid
- [ ] Academic Records including transcripts
- [ ] Student Financial Services
- [ ] Housing
- [ ] International Admissions (including SEVIS information)
- [ ] Other *(please specify below)*

The information is to be released for the following purpose:

- [ ] Family communications about University Experience
- [ ] Admission to an Educational Institution
- [ ] Employment
- [ ] Other *(please specify below)*

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents’ financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this consent prospectively.

STUDENT’S SIGNATURE: X __________________________ Date ____________

STUDENT WITHDRAWAL OF CONSENT FOR RELEASE OF INFORMATION

I hereby withdraw my consent for my parents, guardian or other third party as named above, to have access to my education record, effective immediately.

_____________________________ ______________________
Student’s Signature Date

Form Accepted by: STAFF NAME __________________________ INITIALS _______ Date: ____________

Coded by (For Records Office Use): __________________________ Date: ____________
Information and Instructions

The Family Education Rights and Privacy Act (FERPA) of 1974, as amended, seeks to guarantee both a student’s right of access to education records, and the confidentiality of student information. Institutions may not disclose information contained in education records without the student’s written consent except under certain conditions. A student’s record may be released to parents, guardians, or other third parties by providing written authorization or consent.

This form is only for the release of records indicated on the form, and must be submitted in person by the student to the Enrollment Information Center staff or staff at the Academic Services Center on the Concord campus, or directly to the department responsible for the record. This form will be returned, unprocessed, if it is left in a drop-box and not delivered in person to a staff member with photo ID.

Information from a student’s record can only be released in person and not by phone or e-mail. The third party will need to show valid photo ID before the information can be released.

Students who cannot submit this form in person may contact the Office of the Registrar for assistance at reg@csueastbay.edu or 510-885-2784.

Students who wish to withdraw their consent should complete the box on the form “Student Withdrawal of Consent for Release of Information”.

Medical records and services for students with disabilities records are considered medical records and not covered under the FERPA rules. A separate release form must be obtained for that information.