



# Office of Admissions & Records

3000 Campus Hill Drive  
 Livermore, CA 94551  
 (925) 424-1500 • Fax (925) 443-0742  
 www.laspositascollege.edu/admissions

## STUDENT RELEASE OF INFORMATION FORM

The Family Educational Rights and Privacy Act (FERPA) of 1974, is a federal law that establishes the rights of students with regard to education records, and ensures students of the right to privacy and confidentiality with respect to those records. The Admissions & Records Office will not discuss student’s academic records with any person other than the student, including parent, guardian, spouse, agent etc. without written authorization using this form. This policy is to protect the student’s right to privacy under FERPA laws and regulations. By filling out this form you give permissions for others to view and have access to your student records. By default, your records will not be release to anyone else until this form is properly filled out.

SEMESTER:  SPRING  SUMMER  FALL YEAR: \_\_\_\_\_

SOCIAL SECURITY NUMBER/STUDENT ID NUMBER: **W** \_\_\_\_\_

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

Please select the items to be released: (check all that apply)

- Admission & Enrollment Status
- Registration Schedule or Grades
- Transcript/Enrollment Verification
- Other: additional information \_\_\_\_\_
- Evaluation & Degree or Certificate
- Residency or Immigrant Status
- Tuition & Fees (tax info, payments or overdue)

Academic Standing & Probation (Counseling)  Behavior/Disciplinary status (VP of Student Services)

I hereby give my consent and authorization to the Admissions & Records Office to release my records and information to the person(s) listed below:

NAME	RELATIONSHIP	PHONE

To terminate this release form I acknowledge that I must notify Admissions & Records staff in writing or in person while I enrolled as a student at Las Positas College. I also acknowledge that his release is void one year after my last semester. Once this release is void I must then request any information, myself, in writing or in person in compliance with the Las Positas College policies and procedures.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Submit this form to:**

Mail: Las Positas College, Admissions & Records, 3000 Campus Hill Drive, Livermore, CA 94551  
 Fax: (925) 443-0742