



**STUDENT RELEASE OF RECORDS
 FERPA RELEASE FORM
 (Family Educational Rights and Privacy Act)**

TO BE FILLED OUT BY THE STUDENT ONLY.

I, _____ hereby authorize Las Positas College to release my educational records, as indicated below, for the purpose of:
 (Student requesting release, print full name)

- Academic Assistance Payment of tuition Verification of Enrollment/Progress Concurrent Enrollment for Young Minor
- Other (specify): _____

Initial on the lines below to indicate which records you wish to make available:

_____ **All Academic/Transcript Records** (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory 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 as it relates to parking tickets, library fines, financial aid repayments, and any other accounts receivable 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 application or financial aid file.

_____ **Other (please specify)** _____

Please Note: Counseling Center 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 departments.

The following individual(s) are authorized to access the information indicated above:

PLEASE PRINT FULL NAME

(Specify name and relationship)

Name : _____	Relationship: _____
Name : _____	Relationship: _____
Name : _____	Relationship: _____
Agency: _____	Other: _____

I understand I am not required to release this information; I am giving my consent to Las Positas College to disclose these records. I also understand that this release remains in effect for one calendar year from the date signed, unless I revoke my consent in writing and deliver it to the Office of Admissions and Records at Las Positas College.

NOTE: A clear photocopy of your picture ID is required to verify authenticity of this release. Las Positas College can make a copy if you deliver this form in person. Otherwise, please make sure a copy is attached before turning this form in.

FERPA pertains to the release of records only. It does not give others the right to act on your behalf or to change your records.

Student Signature _____ Date _____

Student "W" ID # _____

Address: _____

Number and Street	Apt. Number
City	State Zip Code

Original must be kept on file with Las Positas College Office of Admissions and Records. Upon request, a copy will be sent to the appropriate campus offices for their files.

This form may only be submitted by the student in one of the following ways*:

- In-person to the Office of Admissions & Records**
- Must be submitted by the student only
 - Student must have valid photo ID at time of submission

- By email to lpc-admissions@laspositascollege.edu**
- Must be sent from your college Zonemail account only
 - Must include a clear photocopy of your valid photo ID

**Forms submitted in any way other than the above two methods will not be filed or considered valid.*