

FACULTY INFORMATION



Use the following form any time a student requests that you provide information about them to another individual, including family members. Once completed, forward this form to the District Student Services office and maintain a copy for your files. Please note that the bottom of the form provides space for you to write the information that was released for your records.



San Diego Community College District

CONSENT TO RELEASE CONFIDENTIAL STUDENT INFORMATION BY FACULTY

The Family Educational Rights and Privacy Act of 1974 (FERPA) prohibits the disclosure of information contained in your educational records to any individual, including family members, unless you provide written consent. You must complete a separate form for each individual to whom you grant access.

Section A - Student Information

Name (last, first, middle initial) - PRINT Student ID Number Date of Birth Home Address (street, apartment number, city, state, zip code) Daytime Phone Number

Section B - Individual to Whom Information May Be Released

Name (last, first, middle initial) - PRINT Relationship to Student Home/Business Address (street, apartment number, city, state, zip code) Daytime Phone Number

Section C - Student Certification

I, _____, give consent to _____ Instructor name, subj/crse, CRN (course reference number) to release confidential information to the individual listed in section B above. Specify information to be released: [] attendance [] academic performance [] discipline matter [] other _____ I acknowledge that this release to remain in effect (check one) [] from _____ to _____ [] from _____ and until I submit a notification in writing revoking my authorization. Student's signature Date Term

Photo identification will be required of any person requesting access to a student's records.

OFFICIAL USE ONLY: This area is to be used to make notes of items discussed/distributed.