



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.

When completing this form, please use black or blue ink and **print** (or type) all information legibly.

Section A – Student Information	
Name: (Last, First, Middle Initial)	Student ID Number:
	Birth Date:
Home Address: (street, apartment number, city, state, zip code)	Telephone: ()
Section B – Individual to whom Information may be Released	
Name: (Last, First, Middle Initial)	Relationship to Student:
Home/Business Address: (street, apartment number, city, state, zip code)	Telephone: ()
Section C – Student Certification	
<p>I, _____, give consent to _____</p> <p style="text-align: center; font-size: small;">(Student's Name) (Instructor name)</p> <p>to release confidential information to the individual listed in <i>Section B</i> above, regarding course reference number, _____ for the course _____ taken in _____.</p> <p style="text-align: center; font-size: small;">(CRN) (i.e. PSYC 125) (Semester/Year)</p> <p>Specify information to be released: <i>(Select all the apply)</i></p> <p> <input type="checkbox"/> Attendance <input type="checkbox"/> Academic performance <input type="checkbox"/> Discipline matters </p> <p> <input type="checkbox"/> Other: <i>(specify)</i> _____ </p> <hr/> <p>I acknowledge that this release to remain in effect: <i>(check one)</i></p> <p> <input type="checkbox"/> from: _____ to: _____ (Date) (Date) </p> <p> <input type="checkbox"/> from: _____ and until I submit a notification in writing revoking my authorization. (Date) </p> <p>Student's Signature: _____ Date: _____</p>	
Photo identification will be required for any person requesting access to a student's record.	
<p>OFFICIAL USE ONLY: This area is to be used to make notes of items discussed/distributed.</p>	