

The Family Educational Rights and Privacy Act provides that this authorization does not obligate the College to release information to the below named individual or organization. **Also, this does not authorize the named individual or organization to conduct business on behalf of the student.** The College reserves the right to not discuss or disclose student records information via the telephone or in any fashion that does not protect student privacy.

I, _____, SF ID _____
(student name)

hereby authorize Santa Fe College to release to _____,
(name of individual or organization)

who is my _____, the following information from my
(specify relationship to student)

education record:

- | | |
|---|---|
| <input type="checkbox"/> Applications
<input type="checkbox"/> Correspondence
<input type="checkbox"/> Course Attendance
<input type="checkbox"/> Disciplinary Records
<input type="checkbox"/> Financial Aid
<input type="checkbox"/> GPA | <input type="checkbox"/> Grades; specify term: _____
<input type="checkbox"/> Petitions and Appeals
<input type="checkbox"/> Pick Up Official Transcript
<input type="checkbox"/> Residency Reclassification
<input type="checkbox"/> Other: _____
_____ |
|---|---|

Purpose of the disclosure: _____

This is a one-time authorization for release of the specified records.

I authorize the release of the specified records to the individual named above at any time he/she requests them unless I rescind this consent order in writing.

**Form must be witnessed by a Santa Fe College employee or by an active public notary with seal.
 Notarized forms must be submitted via email to: registrar@sfccollege.edu.**

Student Signature: _____ Date: _____

Witness: _____ Date: _____
Print full name Signature

Notary Seal