

OFFICE OF THE REGISTRAR

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FERPA RELEASE AUTHORIZATION FORM

This authorization is valid for the duration of ONE academic year (Fall, Spring, Summer). If you wish to continue releasing their information, you must submit a new FERPA release each Fall.

Students may cancel an existing FERPA release at any time by submitting a new form (see cancel options below).

SECTION I: STUDENT INFORMATION					
Name:			Campus:		
PO Email:			Student ID #:		
Address:		Ci	City:		
State:	Zip Code: Preferred Phone:				
Faculty Advisor Name:			Faculty Advisor Email:		
Current Academic Progr BA/HD BA/ECE BA/ECE with Credent	☐ MA/HD ☐ MA/MFT		ith Credential: al Only:	☐ Non-Matriculating ☐ Other:	
SECTION II: INFORMATION TO BE RELEASED					
I give permission to have the following records released:					
☐ ALL RECORDS					
☐ Accounting	Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections information and debt information.				
☐ Admission	Includes date of application, program selected, documents received, documents pending, date of admission status and conditions of admission.				
Registration	Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.				
☐ Academic Records	Includes courses taken, grades received, GPA, academic progress, honors, transfer credit award and degrees earned.				
☐ Financial Aid	Includes all general financial aid information.				
SECTION III: AUTHORIZED PARTIES					
I would like to release or cancel access of my records to the following individuals:					
Release to Name:		Relatio	onship:	Phone #:	
Release to Name:		Relatio	onship:	Phone #:	
Release to Name:		Relatio	onship:	Phone #:	
SECTION IV: STUDENT SIGNATURE					
I am aware of my student rights according to FERPA and consent to the changes above.					
Student Signature:			Date:		
SECTION V: RECEIVED BY					

Version 1.2 Page 1 of 1

Date:

Date: 20151022

Initials: