Authorization to Release Student Information

The Family Educational Rights and Privacy Act (FERPA) of 1974 prohibits Merced College from releasing certain personally identifiable information from a student's record to a third party (e.g. parent, spouse, etc.) without the student's explicit written consent. This form serves as written consent when properly completed.

Instructions: Complete this form with all applicable information. This form's signature **MUST MATCH** a signature we have on file for the student if not signed in front of a staff member. If we do not have a signature on file for the student, the student **MUST** be present to sign this form in front of a Merced College staff member in the Admissions & Records area. A signature may not be available for comparison; we advise you to sign this form in front of a staff member.

I, _____ , _____,
(Student Name) (Student's Merced College ID Number)

give consent for the Office of Admissions & Records at Merced College to disclose personally identifiable information concerning my educational record to the individual(s) listed below. These individuals also become eligible to act on my behalf. Releasable information includes, but is not limited to, the following: eligibility to register for classes, information on coursework completed in prior terms, transcript and grades, academic standing, credit hours, class schedule, balance due, and other such information. Persons listed below also will be able to initiate enrollment for future terms.

I also understand that the individuals listed below who request information in person are REQUIRED to provide picture ID when they appear.

Merced College may release my information to the following individual(s):

Name:	Relationship:	Date of Birth (mm/dd/yyyy):
Phone Number: ( ) -		

Name:	Relationship:	Date of Birth (mm/dd/yyyy):
Phone Number: ( ) -		

- **I certify this request was signed voluntarily and I understand that it will remain in effect for one year from the date of the student's signature below. If I wish to revoke this Authorization I must do so in writing.**

Student Signature: _____ Date: _____

- As witnessed by the Admissions & Records Office:

A&R Witness Signature: _____ Date: _____