



ADMISSIONS & RECORDS OFFICE

4000 South Rose Ave Oxnard, CA 93033

PHONE: (805) 678-5810

Authorization to Release Information

Student Name: _____

Student ID: _____

Phone Number: _____

Date of Birth: _____

PERMISSION REQUIREMENT:

In accordance with the Family Educational Rights and Privacy Act of 1974, also known as FERPA or the Buckley Amendment, the confidentiality and privacy of the academic records of our students must be maintained. Student record information cannot be released to anyone without the student's written consent. The federal law applies to all students attending any college within the Ventura County Community College District, regardless of their age.

STUDENT INSTRUCTIONS:

By completing and signing this form, you are authorizing the one time release of your academic information to the individual(s) you have specified and that individual may act as your agent during this transaction. A new form must be filled out each time you seek to authorize the release of your academic information.

Information to be Released:

- Official Transcript, Current Semester Enrollment Information, Past Enrollment Information, Contents of Permanent Record, Academic Standing/GPA Information, Other (please specify below)

Authorized Recipient: A valid Photo ID is required with any in person transaction.

Name _____ Organization/Agency _____

Address _____ City _____ State _____ Zip Code _____

Organization/Agency name and affiliated address information is only required when there is a request to mail documents.

Student Signature:

X _____ Date: _____

Authorized Recipient Signature: As proof of receipt of the student documents.

X _____ Date: _____

Office Use Only: Documents mailed or picked up

A&R Signature: _____ Date: _____