FERPA: Release of Records Permission

In accordance with the Family Educational Rights and Privacy Act (FERPA), Irvine Valley College may only release student records directly to the student, unless prior written authorization is given by the student.

My signature below indicates my authorization for Irvine Valley College to release the following information (Check as many that apply):

☐ All Academic Records (records include: transcripts, admission and registration information, class schedules, grades, assessment test scores, academic progress status, residency information and any other documentation contained in the academic records)

☐ All Student Account Records (records include: amounts due for tuition and fees, refund information, records holds information as it relates to parking tickets, library fines, delinquent accounts and any other information contained in student account records)

☐ All Immigration Records (records include: SEVIS violations such as status violations, failure to enroll, dropping below 12 units, unauthorized withdrawal and transfer information and any other information contained in SEVIS records).

My signature below verifies that I understand that the above information will be automatically released to facilitate the fulfillment of my scholarship requirements. I understand that this authorization shall stay in effect for six (6) years or until such time that I revoke it in writing.

____________________________________  ___________  ______________________
Student Signature        Date (Month/Day/Year)

STUDENT INFORMATION: (Please print)
Name: _________________________________________________ ID#: ______________________
            Last Name                        First Name
Phone number: ____________________  Email address: ____________________________

AUTHORIZED RECIPIENT INFORMATION:
The above information may be released to: __________________________

First Name                   Last Name
Email address
Telephone Number                   Relationship to Student

My signature below verifies that I understand that the above information will be automatically released to facilitate the fulfillment of my scholarship requirements. I understand that this authorization shall stay in effect for six (6) years or until such time that I revoke it in writing.

____________________________________  ___________  ______________________
Student Signature        Date (Month/Day/Year)

Office Use Only:
Sponsor list:                 Date_____  Init_____  Compliance report:  Date_____  Init_____