



# STUDENT AUTHORIZATION FOR ACCESS TO EDUCATION RECORDS

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:

- |                            |                                   |
|----------------------------|-----------------------------------|
| _____ Applications         | _____ Grades; specify term: _____ |
| _____ Correspondence       | _____ Petitions and Appeals       |
| _____ Course Attendance    | _____ Pick Up Official Transcript |
| _____ Disciplinary Records | _____ Residency Reclassification  |
| _____ Financial Aid        | _____ Other: _____                |
| _____ GPA                  | _____                             |

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 while I am enrolled in Santa Fe College, 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@sfcollge.edu.**

Student: \_\_\_\_\_  
Signature Date

Witness: \_\_\_\_\_  
Print full name Signature Date