



Los Angeles Valley College
 5800 Fulton Avenue
 Valley Glen, California 91401-4096
 818.947.2600 www.lavc.edu

FERPA RELEASE FORM

Authorization for Release of Information

 Last Name First Name, MI Social Security Number

 Student ID # Phone Number Date of Birth

I give permission to Los Angeles Valley College to release the selected information to the recipient listed for the purpose of _____
 (i.e. providing access to parents, scholarship application, reimbursement from employer or other source, etc.)

	Name	Description
<input type="checkbox"/>	All Records	ALL records listed below.
<input type="checkbox"/>	Accounting	Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections and debt information.
<input type="checkbox"/>	Registration	Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.
<input type="checkbox"/>	Academic Records	Includes courses taken, grades received, GPA, academic progress, honors, transfer credit awarded and degree(s) awarded.
<input type="checkbox"/>	Financial Aid	Includes all general financial aid information.
<input type="checkbox"/>	Admissions	Includes dates of application, programs selected, documents received, documents pending, dates of admission, admission status and conditions of admission.

Individual to release information to:

 Last Name First Name, MI

 Contact Phone Number Relationship

VALID FOR

- One Time Use: This authorization can be used only once.
- Limited Use: This authorization expires _____

*A photo ID must be present when submitting this form. An attached copy of your photo ID will be required if submitting this form through a Los Angeles Valley College Outreach Representative. Acceptable photo IDs include: State Issued ID, Passport, or Student ID.

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily.

Student's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Processed By: _____ Date: _____

Comments:

