STUDENT CONSENT TO RELEASE EDUCATION RECORDS

ADMISSIONS AND RECORDS

VALENCIACOLLEGE

PRIVACY RIGHTS OF STUDENTS

The Family Educational Rights and Privacy Act (FERPA) affords students certain rights with respect to their education records under Chapter 20, United States Code, section 1232g and other implementing regulations. FERPA requires each student be notified annually of the rights accorded them by FERPA. These rights include: (1) The right to inspect and review their education records within 45 days of a request for access. (2) The right to request an amendment to the education record if the student finds the records to be inaccurate, misleading, or in violation of their privacy rights. (3) The right to provide written consent before the college discloses personally identifiable information from the student's education records, except to the extent that FERPA authorizes disclosure without consent. (4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the college to comply with the requirements of FERPA. FERPA provides for a category of student information termed "directory information" which is available to all persons upon request unless the student places a "confidential hold" on his/her records.

DIRECTORY INFORMATION includes only these four pieces of student information:

1) Student's name 2) Major field of Study 3) Dates of attendance 4) degrees, honors, and awards received

Education records other than directory information may be released only with the written permission of the student or as otherwise permitted by law.

I, _____
NAME OF STUDENT (Please print clearly)

freely and voluntarily consent to the release of information from my education record to the following:

NAME OF PARTY TO WHOM DISCLOSURES MAY BE MADE

NAME	RELATION TO STUDENT

ADDRESS OF PARTY

CITY	STATE	ZIP

PHONE

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PHONE

THE AUTHORIZED PERSON WILL BE REQUIRED TO PRESENT PHOTO IDENTIFICATION WHEN SUBMITTING THE FORM.

Purpose of Disclosure: _____

Note that presentation of this form does NOT entitle the bearer to conduct business on behalf of the student.

Education Record(s) Which May Be Disclosed:

❑ All Education Records ❑ Other (please specify) _____

Period of Time During Which Consent Shall Be Valid From: _____ To: _____

If no date is indicated, the consent will expire when the student ceases to be an active student at Valencia College.

STUDENT INFORMATION

FIRST NAME	M.I.	LAST NAME

VALENCIA ID/SOCIAL SECURITY NUMBER	EMAIL	PHONE

ADDRESS	CITY	STATE	ZIP

I have completed all sections accurately and truthfully, including information verifying my identity.

SIGNATURE _____ PRINTED NAME _____ DATE _____

The completed form along with a copy of photo identification can be submitted at an Answer Center on any of our campuses. Please allow 45 days for processing the request.

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