



FERPA CONSENT TO RELEASE STUDENT INFORMATION

TO: Compton College Office of Admissions and Records

FROM: _____ (Student Name)

_____ (Student ID #)

I consent to the release of information to the individuals listed below:

<u>Name *</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

***Proof of Identity is Required.** (Please note: This Consent **does not** cover medical records held solely by the Student Health Center or employment records held by Human Resources).

The only type of information that is to be released under this consent is: *(required)*

- ___ Transcript
- ___ Disciplinary records
- ___ Recommendations for admission to other schools
- ___ All records
- ___ Other (specify) _____

The information is to be released for the following purpose: *(optional)*

- ___ Family communications about university experience
- ___ Admission to an educational institution
- ___ Other (specify) _____

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. I have a right to inspect any written records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights). I understand I may revoke this Consent upon providing written notice to Compton College. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to individuals listed above for the specific purpose described above.

Name (print) _____

Signature _____

Date _____