

MT. SAN ANTONIO COLLEGE STUDENT LIFE OFFICE

STUDENT FERPA INFORMATION RELEASE FORM

Student Name (As it appears on your records)	Student ID Number	Date of Birth
		@student.mtsac.edu
Phone Number	Mt. SAC Student Email Address	
The Family Educational Rights and Privacy Act of 19 educational records. Under FERPA, a Mt. San Anton related to an identifiable student, other than direct requires the student's written consent. This form allot of discuss all details regarding your Student Life records.	io College student record is d ory information. A request to ows you to authorize the Stude	efined as any item of information directly or release student records to a Third Party ent Life Office at Mt. San Antonio College
STUDENT INFORMATION RELEASE & SIGNATURE		
I authorize the Student Life Office at Mt. San Antoni below:	o College to discuss the follow	ving records to the person(s) I have indicate
Type of Record:		
☐ Grievance. Please specify any exceptions:		
☐ Student Conduct. Please specify any exceptions:		
☐ Other. Please specify:		
1)		
2)		
Person's Full Name	Relationship to y	ou ID Number
I understand that this release is only valid for \square current semester, $\square 1$ year to date or \square permanent until removed, and that I can revoke any portion of this authorization at any time by providing an updated/written statement.		
Student Signature	Date	
Please submit this form in person to the Studaccount to studentlife@mtsac.edu .	5	9C or through your Mt. SAC e-mail
	OFFICE USE ONLY	
Received by:		
Notes:		
Staff signature:		