Chaffey College
Admissions and Records Office

Authorization for Release of Confidential Information
(For records covered under FERPA only; does not include those protected under HIPAA)

I (please print) _____ ID# _____

Authorize Chaffey College to release the following information:

_____

_____

To (name and title of person(s) to which disclosure is to be made):

_____

For the following purpose(s):

_____

_____

In accordance with the Family Education Rights and Privacy Act (FERPA), I, the above listed student hereby authorize Chaffey College to release information from my education record to the individual(s) named above and for the reasons specified. I acknowledge by my signature that I understand that, although I am not required to release my information, I am giving my consent to do so. I understand that this authorization will remain in effect until revoked in writing. I may revoke this authorization in writing at any time, except for that information which has already been released with consent and prior to my revocation.

Student Signature: _____ Date: _____

Prohibition on Re-Disclosure

This information has been disclosed to the named individual(s) from records whose confidentiality is protected by Federal law. Federal Regulations (FERPA and ADA) prohibit making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general Authorization for the release of medical or other information is not sufficient for this purpose.

Office Use Only:

Student ID Verified _____
Parent/Other ID Verified _____