



**3rd PARTY AUTHORIZATION-RELEASE OF INFORMATION
(FERPA) FORM
(MAUTRL-#70)**

Student ID: _____

I, _____ (first, middle, last name) authorize San Diego City College to release non-directory information of my academic record. This includes but is not limited to: grades, GPA, class schedule, and/or and relevant financial information (Federal funding included). This information may be released to (please check appropriate box and fill in the information):

- Name of parent _____
- Name of non-relative _____
- Any third party person _____
- Other _____

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only as to the persons specifically listed. This release does not permit the disclosure of these records to any other persons or entities without my written consent. I will not hold San Diego City College liable under the Family Educational Rights and Privacy Act (FERPA) for releasing said information to the party/parties listed above. This release will be placed in my record and will be in effect until I notify San Diego City College, in writing of a change.

(STUDENT SIGNATURE)

(Date)

OFFICE USE:

STAFF INITIAL

SET-UP PASSWORD/ ADVISED STUDENT PASSWORD REQUIRED FOR BOTH STUDENT & RELEASED PARTY.