Pacific Oaks COLLEGE

OFFICE OF THE REGISTRAR
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TEL 626.529.8076
RegistrarOffice@pacificoaks.edu

FERPA RELEASE AUTHORIZATION FORM

This authorization is valid for the duration of ONE academic year (Fall, Spring, Summer). If you wish to continue releasing their information, **you must submit a new FERPA release each Fall.**
Students may cancel an existing FERPA release at any time by submitting a new form (see cancel options below).

SECTION I: STUDENT INFORMATION

Name:			Campus:
PO Email:			Student ID #:
Address:			City:
State:	Zip Code:	Preferred Phone:	
Faculty Advisor Name:			Faculty Advisor Email:
Current Academic Program: Select Select			

SECTION II: INFORMATION TO BE RELEASED

I give permission to have the following records released:

☐ **ALL RECORDS**	
☐ **Accounting**	Includes tuition and fee balances, financial holds, mailing and billing address, payment plans, accounting statements, collections information and debt information.
☐ **Admission**	Includes date of application, program selected, documents received, documents pending, date of admission status and conditions of admission.
☐ **Registration**	Includes current enrollment, dates of enrollment activity, enrollment status, residency status, semesters attended and mailing address information.
☐ **Academic Records**	Includes courses taken, grades received, GPA, academic progress, honors, transfer credit award and degrees earned.
☐ **Financial Aid**	Includes all general financial aid information.

SECTION III: AUTHORIZED PARTIES

I would like to release or cancel access of my records to the following individuals:

☐ **Release to** ☐ **Cancel**	Name:	Relationship:	Phone #:
☐ **Release to** ☐ **Cancel**	Name:	Relationship:	Phone #:
☐ **Release to** ☐ **Cancel**	Name:	Relationship:	Phone #:

SECTION IV: STUDENT SIGNATURE

I am aware of my student rights according to FERPA and consent to the changes above.

Student Signature: Date:

SECTION V: RECEIVED BY

Initials:	Date: