

**PLEASE NOTE: The return of this notice prior to the registration date will eliminate significant wait-time during registration**



**AUTHORIZATION TO RELEASE STUDENT INFORMATION  
DOES NOT INCLUDE ACADEMIC RECORDS**

The federal Family Educational Rights and Privacy Act (FERPA) of 1974 protects student information from release by a college to anyone other than the student without permission. Please refer to the **FERPA Compliance** section of the **Student Handbook**.

**Student Name** (please print) \_\_\_\_\_ **ID Number:** \_\_\_\_\_

**Category 1: Student Billing** – Includes all student account information and processes

**Category 2: Financial Aid** – Includes all financial aid information and processes

\_\_\_\_\_: Please  here if you do not want any information released and skip down to the signature section of this form

Please list all individuals you authorize to obtain your information. This would include your parents and any other person(s) with whom you wish to share your information. Each line item must be completed for each individual you list. A verification protocol has been initiated at SJC which will require the verification of the last four digits of an authorized individual's SSN before any information may be released. We will not be able to discuss any of your student account or financial aid information with anyone not on this list. Please make sure that the individuals listed below are aware of this new protocol and the information is accurate.

**Release category** (PLEASE ): 1) Student Billing \_\_\_\_\_ 2) Financial Aid \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_

**Release category** (PLEASE ): 1) Student Billing \_\_\_\_\_ 2) Financial Aid \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_

**Release category** (PLEASE ): 1) Student Billing \_\_\_\_\_ 2) Financial Aid \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date

**Please return to the Financial Aid Office. You can cancel or edit this release at any time by visiting the Office of the Registrar.**

*Per FERPA:*  
A student's signature is needed to release **ACADEMIC INFORMATION** to a third party. **THIS IS A SEPARATE FORM.**  
**ACADEMIC INFORMATION FERPA release forms** are available from the Office of the Registrar or at the time of registration.