



# Authorization for Release of Non-Directory Information

**Understanding your rights:** In compliance with FERPA, the *Federal Family Education Rights and Privacy Act* of 1974 as amended, West Valley College (WVC) is prohibited from providing your confidential information to any third party including parents, spouse, guardian, etc. **without a signed release.** This information includes, but is not limited to, all student billing items, awarded financial aid, enrollment status and other various student information. FERPA allows schools to release Directory Information without prior consent unless a student specifically requests directory information not to be shared.

More information on FERPA can be located at: <http://westvalley.edu/services/financialaid/ferpa.html>

<b>Section A. Student Information</b>	
Student Name (last, first, middle initial)	WVC ID #
Permanent Address (street, city, zip)	Day / Cell phone # (      )
<b>Section B. Authorization of the Release of Information</b>	
I authorize the release of information between West Valley College representative:	
Name (last, first, middle initial)	
And the Parties below:	
Name (last, first, middle initial)	Date of Birth (month/day)
Address (Only if different from above)	Day / Cell phone # (      )
Name (last, first, middle initial)	Date of Birth (month/day)
Address (Only if different from above)	Day / Cell phone # (      )
<b>Section C. Information to be Released – Select one or more of the following</b>	
<b>Financial Information</b> <input type="checkbox"/> Student Account Information (tuition and fees, payments, credits and holds ) <input type="checkbox"/> Financial Aid <i>Note: certain information may only be obtained by a student</i>	<b>Academic Record and Other Student Information</b> <input type="checkbox"/> Enrollment Verification <input type="checkbox"/> Academic Transcript <input type="checkbox"/> Class Schedule (Instructor / Location / Units) <input type="checkbox"/> All Educational Records* <input type="checkbox"/> Other: _____  <i>*Note: this authorization does not permit the release of education records that contain medical information unless/until the student signs a specific authorization for the release of medical information in compliance with the California Confidentiality of Medical Information Act (“CMIA”).</i>
<b>Section D. Certification</b>	
I understand that I am authorizing West Valley College to release the selected confidential information to the party(s) listed above. This authorization does not permit the third party to make any changes.	
<b>Student’s original signature is required.</b> Copies and faxes will not be accepted. Form must be submitted in person or have attached a copy of student’s valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport.	
I understand that I may revoke this authorization in writing at any time except to the extent that action has been taken in reliance thereon. I also understand that I have the right to receive a copy of this authorization.	
This consent expires one year from the date it was signed unless otherwise indicated _____	
<b>Student’s Signature (Required)</b>	<b>Date:</b>