



**STUDENT RELEASE OF RECORDS  
FERPA RELEASE FORM  
(Family Educational Rights and Privacy Act)**

**TO BE FILLED OUT BY THE STUDENT ONLY.**

I, \_\_\_\_\_ hereby authorize Chabot College to release my educational records, as indicated below, for the purpose of:  
(Student requesting release, print full name)

- Academic Assistance       Payment of tuition       Verification of Enrollment/Progress       Concurrent Enrollment for Young Minor
- Other (specify): \_\_\_\_\_

**Initial on the lines below to indicate which records you wish to make available:**

\_\_\_\_\_ **All Academic/Transcript Records** (records include: transcripts, admission and registration information, schedule information, assessment test scores, Satisfactory Academic Progress status, residency information, and any other documentation contained in the academic records.)

\_\_\_\_\_ **All Student Account Records** (records include: amounts due for tuition and fees, sources of payment for tuition and fees, refund information as it relates to parking tickets, library fines, financial aid repayments and any other accounts receivable information contained in student account records.)

\_\_\_\_\_ **All Financial Aid Records** (records include: status of file, award and disbursement of funds information. Satisfactory Academic Progress status, income information, and any other information contained in the application or financial aid file.)

\_\_\_\_\_ **Other (please specify)** \_\_\_\_\_  
Please Note: Counseling Center and Services for Students with Disabilities records are considered medical records and are not covered under FERPA rules. A separate release form must be obtained from these departments.

**The following individual(s) are authorized to access the information indicated above:**

**PLEASE PRINT FULL NAME**

(Specify name and relationship)

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

Agency: \_\_\_\_\_

Other: \_\_\_\_\_

I understand I am not required to release this information; I am giving my consent to Chabot College to disclose these records. I also understand that this release remains in effect for one calendar year from the date signed, unless I revoke my consent in writing and deliver it to the Office of Admissions and Records at Chabot College.

**NOTE:** A clear photocopy of your picture ID is required to verify authenticity of this release. Chabot College can make a copy if you deliver this form in person. Otherwise, please make sure a copy is attached before turning this form in.

**FERPA pertains to the release of records only. It does not give others the right to act on your behalf or to change your records.**

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

Student "W" ID # \_\_\_\_\_

Address: \_\_\_\_\_

Number and Street	Apt. Number	
City	State	Zip Code

Original must be kept on file with Chabot College Office of Admissions and Records. A copy will be sent to the student. Upon request, a copy will be sent to the appropriate campus offices for their files.

**This form may be submitted with a photo ID either in-person or postal mail to:**  
**Chabot College**  
**Admissions and Records,**  
**25555 Hesperian Blvd., Hayward, CA 94545**

**You may also email this completed form to [ccaracom@chabotcollege.edu](mailto:ccaracom@chabotcollege.edu) (you must use your Zonemail account if you will be sending this via email).**