

STUDENT CONSENT FORM TO RELEASE INFORMATION
Family Educational Rights and Privacy Act (FERPA) of 1974
20 USC § 1232g and 34 CFR § 99

Instructions to Student: Carefully read the information below. After completing the form, submit it to the LATTC faculty/staff/office you authorized to release your information.

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, LATTC must obtain written consent from a student before releasing the educational records of that student to a third party. Such written consent must be signed and dated by the student, specify the records to be released, state the purpose of the release, and identify the party or class of parties to who release may be made.

I _____ , _____ - _____ - _____
(Student's Name-Print) (Student ID #)

hereby give my written consent to _____
(LATTC Faculty/Staff/Office)

to release my _____
(Specify records to be released)

to _____
(Identify the person(s) to whom release may be made)

for the purpose of _____
(State the purpose of the release)

I understand that the information will only be released over the telephone to my authorized third party when s/he provides the LATTC staff member authorized to release the information with the following password: _____. **(Write password here)**

I understand that my written consent will remain in effect until I notify the LATTC employee/office named in this form, in writing, to cancel it.

I understand that the specific information referenced on this form is being released to a third party at my request with the understanding that s/he will not release it to any other parties. LATTC is hereby released from all legal responsibility or liability for the release of the above-mentioned information.

Student's Signature: _____ **Date:** _____

LATTC is required to keep the original signed consent form. Students are advised to keep a copy of this consent form with their records.

For Registration Office Use Only: Receipt Date _____ Staff Initial _____