

VENTURA COLLEGE

SET YOUR COURSE

EDUCATIONAL ASSISTANCE CENTER

4667 TELEGRAPH ROAD, VENTURA, CA 93003 VCEAC@VCCCD.EDU PHONE: (805) 289-6300

Authorization to Release Information

Student Name: _____ Student ID: _____

PERMISSION REQUIREMENT:

In accordance with the Family Educational Rights and Privacy Act of 1974, also known as FERPA or the Buckley Amendment, the confidentiality and privacy of the academic records of our students must be maintained. Student record information cannot be released to anyone without the student's written consent. The federal law applies to all students attending any college within the Ventura County Community College District, regardless of their age.

STUDENT INSTRUCTIONS:

By completing and signing this form, you are authorizing the one time release of your academic information to the individual(s) you have specified and that individual may act as your agent during this transaction. A new form must be filled out each time you seek to authorize the release of your academic information.

Information to be Released:

- ☐ Current Semester Enrollment Information ☐ Past Enrollment Information
- ☐ Academic Standing/GPA Information ☐ Disability Records (Copy given to student in person only)
- ☐ Other (please specify below)

Authorized Recipient: A valid Photo ID is required with any in person transaction.

Name _____

Organization/Agency _____

Address _____ City _____

State _____ Zip _____

Student Signature:

X _____ Date: _____

Authorized Recipient Signature: As proof of receipt of the student documents.

X _____ Date: _____

Office Use Only: Documents mailed or picked up

EAC Signature: _____

Date: _____