



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

**Office of Admissions & Records**  
Building 1600, Room 1670  
3000 Campus Hill Drive, Livermore, CA 94551  
(925) 424 - 1500  
lpc-admissions@laspositascollege.edu

The Family Educational Rights and Privacy Act (FERPA) of 1974 is a federal law that establishes the rights of students with regard to education records, and ensures students of the right to privacy and confidentiality with respect to those records. The Admissions & Records Office will not discuss student's academic records with any person other than the student, regardless of age, relationship, marital status, etc. unless written authorization using this form has been submitted by the student to Admissions & Records. This policy is to protect the student's right to privacy under FERPA laws and regulations. As the student, by filling out this form, you give permission for the designated individual(s) to view and access the type of information specified on this form. By default, your records will not be released to anyone else until this form is filled out completely, signed by the student, and submitted in one of the below approved ways.

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

I, \_\_\_\_\_ hereby authorize Las Positas 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 for Academic Year (must indicate year): 20\_\_\_\_\_ - 20\_\_\_\_\_**  
(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.) **MUST BE SIGNED IN PRESENCE OF FINANCIAL AID STAFF. ADDITIONAL REQUIREMENTS NOTED BELOW.**

\_\_\_\_\_ **Other (please specify)** \_\_\_\_\_

Please Note: Counseling Office and Disabled Student Programs and Services 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: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Agency: _____	Other: _____

**I understand I am not required to release this information; I am giving my consent to Las Positas 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 Las Positas College.**

**NOTE: A clear photocopy of your government-issued photo ID is required to verify authenticity of this release (if releasing Financial Aid information, must also include authorized person(s) government-issued ID as well). Las Positas 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 #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Number and Street	Apt. Number	
City	State	Zip Code

The original of this form must be kept on file with the Las Positas College Office of Admissions & Records. Upon request, a copy will be sent to the appropriate campus offices for their files.

**This form may only be submitted by the student in one of the following ways\*:**

- In-person to the Office of Admissions & Records**
- Must be submitted by the student only
  - Student must have valid photo ID at time of submission

- By email to [lpc-admissions@laspositascollege.edu](mailto:lpc-admissions@laspositascollege.edu)**
- Must be sent from your college Zonemail account only
  - Must include a clear photocopy of your valid photo ID

*\*Forms submitted in any way other than the above two methods will not be filed or considered valid.*

**IF YOU ARE AUTHORIZING RELEASE OF FINANCIAL AID INFORMATION:** This form must be notarized in the box to the right if you do not present picture identification and sign this document in-person while in the Financial Aid Office.