Glendale Community College 1500 N. Verdugo Road Glendale, CA 91208 (818) 240-1000

Family Educational Rights and Privacy Act (FERPA) Release Form

FERPA Overview

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a federal law that establishes the rights of students with regard to certain education records, and ensures students of the rights of privacy and confidentiality with respect to those records. Subject to several exceptions, FERPA prohibits Glendale Community College (the College) from providing student education records to a third party without prior authorization.

For instance, under one of the exceptions, FERPA permits school officials to release directory information at their discretion without your prior authorization. At the College, directory information includes one or more of the following items: student name, email address, major field of study, dates of attendance, degrees, honors and awards received, and most recent previous institution attended. The College will not release your directory information if you provide written notification to the College's Office of Admissions and Records that you do not wish the College to release such information, as outlined in the College's FERPA Policy, Board Policy 5040.

Please visit this link for a comprehensive overview of your rights under FERPA. Board Policy 5040 is available at https://www.glendale.edu/home/showpublisheddocument/25813/637266225675270000

Release of Education Records

You may grant the College permission to release information about your education records to a third party (parent, spouse, employer, etc.) by submitting a completed FERPA Release Form.

At the postsecondary level, parents have no inherent rights to inspect their son's or daughter's education records. The right to inspect is limited solely to the student. Records may be released to parents only if one of the following conditions has been met: (1) through the written consent of the student, (2) in compliance with a subpoena or court order.

Therefore, if the above exceptions do not apply, you must sign and submit this form if you wish your parents or guardians, or other third party to have access to your education records. Please note that while this Release Form authorizes the College to release education records to third parties, it does not obligate it to do so.

By signing this form, you verify that you have read and understand the FERPA regulations as presented above and in Board Policy 5040. You also give the College permission to discuss and/or release your educational records with the designated third party.

Note: This form must be submitted each time you would like to have your record(s) shared with a third party.

This FERPA release form must also be accompanied by a copy of your GCC photo identification card or valid CA Driver's license or identification card or passport/visa. Forms which are submitted via postal service MUST be notarized and accompanied by a copy of one of the above forms of identification.

Third parties requesting a student's record(s) must present their own appropriate identification: GCC photo ID card, valid CA driver's license or DMV identification card, or passport/visa. In addition, third parties must also present a copy of one of the following: student's GCC identification card, valid CA Driver's license or DMV identification card, or passport/visa.

GCC ID#:		Date:	
Student Name:			
	Last Name,	First Name	MI
Complete the in	formation below for each i	individual for who you would l	ike to grant access to you
		party, complete the informat	
		nissions or the appropriate dep	partment (e.g., Math, EOPS
DSPS, Financial A	Aid, etc.) you wish to have y	our records released from.	
waive my FERPA hereby give Gler	A rights for the purposes as adale Community College pe	may be discussed with the inc s specified below for this speci ermission to discuss and/or rele College, as specified below:	fic request/meeting only.
For the purpose(s	s) of:		
Records I wish th	e College to release:		
With the following	g individual(s) or third party:		
Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	
This form must be	e submitted each time you wo	ould like to have your record(s) sh	ared with a third party.
Student signature	y:	Date:	
CCC Staff Signatu	Iro.	Dato	