



Current or Former Student Waiver of Privacy Rights and Authorization to Release Directory Information

Student Name: _____ **Student ID#:** _____
(Last) (First)

I, _____, hereby waive my privacy rights (pursuant to the Family Educational Rights and Privacy Act of 1974), and authorize the Office of Admissions and Records at Santiago Canyon College to release and/or discuss information regarding my enrollment/academic record. This waiver shall be considered valid for one time use only. Such information may be released and/or discussed with the following individual only.

If written documentation is to be provided, please list the third party's contact information. The person listed below must provide your student identification number and date of birth before Admissions and Records staff members may release and/or discuss your student record; a Social Security Number may not be used for identification purposes.

Name of Authorized Third Party: _____

Relationship (parent, attorney, employer, etc.): _____

Third Party Contact Information:

Phone: _____ **Email:** _____

Address: _____

General Purpose for Release of Information and/or Title of Document Being Released: _____

Student Signature: _____ **Date:** _____

FOR A&R USE UPON RECEIPT

Witnessed student signing document **Information Released by:** _____ **Information Release Date:** _____