



**Consent to Release Student Educational Records**

**ALL TRANSCRIPT REQUEST WILL BE PROCESSED WITHIN 10 WORKING DAYS  
THIS RELEASE IS VALID FOR ONE (1) YEAR FROM DATE SIGNED BY THE STUDENT**

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. A student must provide written consent in order to release any information regarding a student's educational records. A student must complete a separate form for each third party to whom they grant consent.

**PLEASE PRINT - ALL INFORMATION MUST BE COMPLETED**

<b>SECTION A – STUDENT INFORMATION</b>	
NAME: (Last, First, Middle Initial)	SS# (last 4) or SDCCE Student ID #:
Other Names Used:	Date of Birth:
Home Address: (Street, apartment number, city, state, zip code)	Telephone:
	Email address:
<b>SECTION B – PLEASE SEND MY OFFICIAL TRANSCRIPT TO: (Self, Individual, Institution, or Agency)</b>	
Name:	Attention
Address: (Street, city, state, zip code)	Telephone:
	FAX:
<b>SECTION C – STUDENT CERTIFICATION</b>	
I, (Student's Name) _____, give consent to the San Diego College of Continuing Education to release my educational records to the third-party designee listed in Section B above. The only type of information that is to be released under this consent is: (check all that apply)	
<input type="checkbox"/> Official Transcript <input type="checkbox"/> Unofficial Transcript <input type="checkbox"/> Attendance <input type="checkbox"/> Enrollment verification <input type="checkbox"/> Other: (specify) _____	
Dates of Attendance (Approx. Years) _____ Campus/Sites Attended _____	
Courses Completed _____	
Was this for <b>HIGH SCHOOL CREDIT</b> ? _____ Received HIGH SCHOOL DIPLOMA? _____	
Did you take the <b>ACTUAL GED TEST</b> ? _____ Where? _____ Received GED Certificate? _____	
Was this under a special program? (Military, GAIN, etc.) _____ What program? _____	
Any other information which might assist us in locating your records? _____	
<b>Student Signature:</b> _____ <b>Date:</b> _____ <i>Sign in Ink or use verified e-signature ONLY</i>	
<b>FOR OFFICE USE ONLY</b>	
<b>COMPLETED BY:</b> _____ <b>DATE COMPLETED:</b> _____	
<input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> Picked up by Student <input type="checkbox"/> Picked up by 3 <sup>rd</sup> Party _____	
<input type="checkbox"/> Records not on site forwarded request to: _____	
<input type="checkbox"/> Records not found <input type="checkbox"/> Mail returned undeliverable <input type="checkbox"/> Fax did not go through	
<b>NOTES:</b> _____ _____	