

San Diego College of Continuing Education

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, FIRST TWO (2) CE TRANSCRIPTS ARE FREE, THEN \$5.00 PER TRANSCRIPT

The Family Educational Rights and Privacy Act of 1974 (FERPA) prohibits the disclosure of information contained in your educational records to a third party, unless you provide written consent. You must complete a separate form for each third party to whom you grant access.

PLEASE PRINT - ALL INFORMATION MUST BE COMPLETED

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Section A – Student Information		
Name: (Last, First, Middle Initial)		Social Security Number (if applicable):
		Date of Birth:
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Home Address: (Street, apartment nur	nber, city, state, zip code)	Telephone:
		Email address:
Other Names Used:		
Section B – Individual/Institution/Agency		
Name:		
Address: (Street, city, state, zip code)		Telephone:
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Section C – Student Certification		
I,, give consent to the San Diego College of Continuing Education to		
(Student's Name)		
release my educational records to the third party designee listed in <i>Section B</i> above. The only type of information that is to be released under this consent is: (check all that apply)		
☐ Transcript	☐ Enrollment verification	☐ All records
☐ Attendance	☐ Degree verification	
	(for employment or admission to othe	r schools)
☐ Other: (specify)		
Dates of Attendance (Approx. Years) Campus/Sites Attended		
		5
Courses Completed	Was this for High School Credit?	Received High School Diploma?
Did you take the ACTUAL GED TEST? 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?		
Student Signature:		Date:
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