



## Departmental FERPA Release Form

The purpose of the Family Educational Rights and Privacy Act (**FERPA**) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student's university records. I understand that I have the right not to consent to the **release** of my educational records, and I have the right to receive a copy of such records upon request.

Name of Student \_\_\_\_\_ SID #: \_\_\_\_\_  
(please print)

I, the undersigned, hereby authorize California Polytechnic State University (Cal Poly) to **release** or receive the following educational records and information (please check any appropriate categories)

- \_\_\_\_\_ Community Standards Records
- \_\_\_\_\_ Counseling Information
- \_\_\_\_\_ Reference Information
- \_\_\_\_\_ Other (specify)

To the following Person/Agency:

Name \_\_\_\_\_  
Telephone: \_\_\_\_\_ or \_\_\_\_\_  
Address \_\_\_\_\_

To the following Person/Agency:

Name \_\_\_\_\_  
Telephone: \_\_\_\_\_ or \_\_\_\_\_  
Address \_\_\_\_\_

For the purpose of: (e.g., community standards follow-up, providing a recommendation, providing information, etc.)

\_\_\_\_\_  
\_\_\_\_\_

I understand that this authorization remains in effect from today through \_\_\_\_\_.  
(month/year)

I also understand that it will be necessary to send a written request to revoke this authorization prior to the date indicated.

\_\_\_\_\_  
*Student's Signature* \_\_\_\_\_  
*Date*