



USE BLUE OR BLACK INK

Directions: Please fill out form in its entirety. We will require **PHOTO ID** for the Student filling out the form as well as **PHOTO ID** for the disclosed person.

Student's Last Name: _____ First Name: _____

Student ID: @ _____ D.O.B.: ___/___/___ Phone Number: _____

Address: _____

City/State/Zip: _____

“Statute: FERPA provides that an agency or institution may not have a policy or practice of disclosing personally identifiable information from education records without the “written consent” of the parent or eligible student...” Federal Register-Family Educations Rights and Privacy Act 20 U.S.C 1232g(b)(1).

Party to who the disclosure may be made:

Name: _____ Relationship: _____

Address: _____ Phone: _____

City/State/Zip: _____

Records to be disclosed:

- Holds
- Fees & Tuition
- Official/Unofficial Transcripts
- Schedule of Classes
- Enrollment Verification Letter
- Other: _____

Student's Signature: _____ Date: _____

College of the Sequoias
Admissions & Records
915 S. Mooney Blvd, Sequoia Bldg. Room 107
Visalia, CA 93277

