



ADMISSIONS & RECORDS OFFICE
 1900 Pico Blvd. ♦ Santa Monica, CA 90405 ♦ Phone: 310-434-4380 ♦ Fax: 310-434-3645

Authorization for Release of Information to Third Party

Received by:
Date:

Disclaimer: Admissions and Records may at its discretion refuse to accept or process authorizations for release of information. This authorization is limited and covers education records under control of Admissions and Records only. **This form is for one time use only.**

Student Information

Last Name	First Name	SMC ID
Address	City	Zip
Email	Phone	Date of Birth

Third Party Information

Last Name	First Name	MI
Address	City	Zip
Agency (if applicable)		

Purpose of Authorization

Explain purpose or information you authorize to release, please be as specific as possible to the nature of your request.

Authorization to Release: I understand that some of my records may be protected under the Family Educational Rights and Privacy Act (FERPA) of 1974 and cannot be released without my written consent. I hereby waive all provisions of the FERPA and privilege relating to the **education records** described in this disclosure. I certify that this consent is given freely and voluntarily. This is a one-time authorization to release information. However, this release does not give authority to make changes to educational records. I understand Santa Monica College will not approve requests for an extended period. The person and or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the “purpose” section of this release.

I further understand that in order to release the information above, I must provide a copy of a government-issued identification matching my student records. The party to whom the information is provided must also present a government-issued identification prior to the release of information. Releases without proper identification will not be processed. This release does not authorize, and Santa Monica College will not provide printouts or copies of any student records.

Student Signature and Date

Staff Only	
Staff Name:	Comments
Date:	
Signature _____	