



Student Information Release Form: Family Educational Rights and Privacy Act (FERPA)

Barstow Community College prides itself on student privacy and is committed to ensuring that all students' educational records are handled with the utmost care and confidentiality. In accordance with the Family Educational Rights and Privacy Act (FERPA), we protect the privacy of students' personally identifiable information and provide students with the right to access, amend, and control the disclosure of their records.

Our institution understands the importance of safeguarding student data and is dedicated to maintaining transparency in our policies. We encourage all students to familiarize themselves with their FERPA rights and understand how they can manage their educational records. You may grant Barstow Community College permission to release specific information to a third party by completing and submitting this form. Third parties may include, but are not limited to, parents, spouses, and third-party agencies.

Please note a separate form must be submitted for each individual or agency you wish to authorize. Information will only be released upon the request of the authorized third party and after verifying their identity.

This form must be signed and dated, along with a copy of your Photo ID or Driver's License, to be considered valid.

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|----------------------------------|------|-----------------------------|-------|-----|
| Print Student Information | | BCC ID Number: _____ | | |
| First | Last | Current Phone Number | | |
| Current Mailing Address | | City | State | Zip |

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|---|-------------------------|
| Print Third Party Person Designee: (Example: parent, relative, spouse, etc.) | |
| Name | Relationship to Student |
| Address (City, State, Zip) | |

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|---|---------------------|
| Print Third Party Agency Designee: (Examples: scholarship donor, employer, etc.) | |
| Name | Agency/Organization |
| Address (City, State, Zip) | Phone Number |

Incomplete, incorrect, unsigned, or undated forms will not be accepted and will be returned to the student.

By submitting this form, you are not giving the third party authorization to speak, act, or sign any documents on your behalf. If you are contacted by phone by any college department, the college reserves the right to speak only to you and no one else.

Certification: By signing below, I consent to the release of the personal student information specified above to the individual or agency listed.

If you have any questions about this form or need assistance, please contact Admissions & Records at telephone 760-252-7236 or email admissions@barstow.edu.

Student's Signature: _____ Date: _____