



College of the Redwoods
Adult & Community Education

525 D Street Eureka, CA 95501
707-476-4500 • Fax 707-443-3417

Release of Information

Name: _____ Student ID# _____

In compliance with the Department of Education's "Family Educational Rights and Privacy Act" (FERPA), information in your student record may not be released to a third party (parents, guardians, spouse, sponsor, etc.) without your written permission except as provided by law (See EC 76243, EC 76244).

I grant permission to College of the Redwoods to release information about my educational record to the organizations/people specified by the checked boxes below. This permission will remain in effect until revoked in writing. This permission does NOT cover financial records maintained in the Financial Aid Department.

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- Employer/Potential Employers Upon Request
 - Class Funding Source
 - Other: _____

Student's Signature

Date