



## **Consent to Release Information**

### **Things to know before submitting:**

- The form must be submitted by the student and emailed from the students SWC email account by the student or private email account listed in the student's record.
- The form must include the student's actual signature, not an electronic signature or typed signature.
- The form must be emailed to **admissions@swccd.edu** for processing or students can upload via our secure drop box via the Service Now button under Campus Apps via their MySWC Portal.

*Please allow 7-10 business days for processing.*

For questions or concerns please visit the Admissions and Records virtual lobby by going to [www.swccd.edu/Admissions](http://www.swccd.edu/Admissions)



LAST NAME

FIRST NAME

M.I.

SWC STUDENT ID

DATE OF BIRTH

# CONSENT TO RELEASE INFORMATION

## 2022-2023

The Family Educational Rights and Privacy Act (FERPA) is a federal law that gives parents the right to have access to their children's education records, the right to seek to have the records amended, and the right to have some control over the disclosure of personally identifiable information from the education records. **When a student turns 18 years old, or enters a postsecondary institution at any age, the rights under FERPA transfer from the parents to the student.**

In compliance with the FERPA as Amended, Southwestern College will not release student grades, schedules or any personal information to parents, spouses, or others unless written permission is given by the student.

I, \_\_\_\_\_, give Admissions & Records authorization to release:  
(STUDENT PRINT YOUR NAME HERE)

Name (please print)	Relationship	Specific information to be released or shared (ex: Transcript, schedule, etc.)

***(Authorized individual must provide a valid identification to Admissions & Records Office)***

By signing below, I acknowledge that this release does not authorize to advocate or negotiate with college faculty, staff, and administrators on my behalf regarding college grades, records, disciplinary procedures, or actions related to academic standing.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**(This release expires after the school year or it may be cancelled earlier by the student at anytime)**

## REQUEST TO CANCEL

I, \_\_\_\_\_, do hereby request that my previous Consent to Release information to be cancelled and the person(s) previously listed no longer have information regarding my records in the Southwestern College Admissions & Records office. This cancellation will be effective as of \_\_\_\_\_.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ASUM UPDATED:

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_