

**ADVISAL OF RIGHTS AND CONSENT TO
RELEASE OF EDUCATIONAL INFORMATION
FOR GENERAL PURPOSES**

I. *ADVISAL OF RIGHTS*

Under the Family Educational Rights and Privacy Act (F.E.R.P.A.) (20 U.S.C. § 1232g) and Regulations adopted by the United States Department of Education (34 C.F.R. Part 99), students at San Juan College have privacy rights regarding educational records and other personally identifiable information (*i.e.* name, address, Social Security number and physical description) in the possession of San Juan College. Except as permitted by Federal law, San Juan College cannot release protected information without the written consent of the student or their parents (if the student is under the age of 18). Your execution of the Consent will authorize San Juan College to release protected information to the parties designated below.

II. *CONSENT TO RELEASE OF CONFIDENTIAL STUDENT EDUCATIONAL RECORDS*

I, _____
(STUDENT'S FULL NAME)

do hereby authorize San Juan College to release educational records, including, but not limited to, the official transcript, course grades, examination results, attendance records, behavior and discipline records, and instructor or program assessments, notes or opinions concerning me (the student) or my child (the student) and any associated personally identifiable information to the following:

List Name and Address of Authorized Recipient:

The purpose of this disclosure is for the specific disclosure of educational records on behalf of students to the identified recipient only. This is an ongoing authorization to send educational records to the designated recipient and **will remain in effect unless revoked by me in writing.**

III. *ADVISAL TO RECIPIENTS OF CONFIDENTIAL EDUCATIONAL RECORDS*

All recipients of confidential educational information pursuant to this Release are prohibited by Federal law (20 U.S.C. § 1232g (b)(4)(B) and 34 C.F.R. 99.33) from disclosing any educational and personal information obtained pursuant to this Release to any other party without prior consent of the parent or eligible student. Your receipt and retention of this confidential information obligates you as the recipient not to release this information without first obtaining the prior consent of the San Juan College student or their parents.

IV. *COPY OF AUTHORIZED INFORMATION*

Please check:

- I do not wish a copy of the authorized educational records, including official transcript to be sent to me.
- I am requesting a copy of the authorized educational records, including official transcript be sent to me at the following address:

Any questions concerning this Advisal and Release can be directed to the Admissions and Records Department – Phone No. 505-566-3300

Date

Signature

Printed Name

Student ID Number

Witness

NOTE: There is a \$2.00 (two dollar) fee that must be paid to San Juan College prior to the mailing out of transcripts. You may call the Business Office at 505-566-3396 for credit card processing for this fee.