



COLLEGE OF THE REDWOODS

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 individuals listed below. This permission will remain in effect until revoked in writing. This permission does NOT cover financial records maintained in the Financial Aid Department.

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Student's Signature

Date

Please mail completed form to:

**Office of Admissions and Records
College of the Redwoods
7351 Tompkins Hill Road
Eureka, CA 95501-9300**