



Student Authorization to Release Information

(This form is to be completed and submitted by the student only; valid photo ID required.)

Request to release personally identifiable and confidential information: The Family Educational Rights and Privacy Act (FERPA) requires the Admissions & Records, Counseling, Financial Aid and Learning Assistance Program offices to release detailed information to the student, only. The student may authorize the release of certain information by completing this form.

Please print using blue or black ink:

AHC Student ID Number: H _____

Date: _____

Student's Full Name: _____
Last Name

First Name

MI

I hereby give permission to Allan Hancock College Student Services personnel, consistent with the FERPA act of 1974, to discuss or release the selected information (please check all that apply):

Admissions Information:

- Fees and Tuition
Grades
Holds
Official Transcripts
Schedule of Classes
Unofficial Transcripts
Username and Password for myHancock
Verification of Enrollment Letter

Financial Aid Information:

- Award Amount
Dependency Status
Financial Aid Appeals
Financial Aid Status
Income Tax Forms
Loan Disbursement
Payment Disbursement
Satisfactory Academic Progress

Counseling Information:

- Academic Advising
E-Advising
Phone Advising
START Results
Student Discipline

Veterans Information:

- Educational Certification Status

List any additional information to release: _____

If you, the student, are requesting information via the telephone, you must write YOUR name and write SELF on the relationship line. If you are also releasing the information to a third party, you may list additional names.

This information may be released to:

Full Name

Relationship to Student

This information may be released to:

Full Name

Relationship to Student

This information may be released to:

Full Name

Relationship to Student

To secure your information, please provide answers to the student identifiers on the reverse side of this form. Please share these identifiers with your authorized person as they will be asked these questions when inquiring about your information.

I understand that the permission(s) checked above will remain in effect until I revoke them in writing. In the event damages should occur due to the release of such information, I agree to hold Allan Hancock College harmless.

Student Signature (mandatory): _____ Phone number: _____

AHC does not accept electronic signatures

In addition to this completed form, if the student is faxing, mailing, or emailing this form, a copy of the student's government issued photo identification must be attached.

For office use only:

The signature below, verifies that Student Services staff member has viewed the student's photo identification (AHC Photo ID, or Government Issued ID Card) and has accepted the form from the student.

AHC Staff Member Printed Name

AHC Staff Member Signature and Date

To maintain access to student services departments and to permit scanning and indexing, completed forms must be submitted to the Admissions and Records office.

Student Authorization to Release Information, *continued*

Student Identifiers

AHC Student ID Number: H _____

Date: _____

Student's Full Name: _____
Last Name

First Name

MI

Please select **three** questions, and write in your response. It is the student's responsibility to share the questions and responses with the person authorized to obtain information as staff will ask for the correct responses prior to releasing information.

Questions:

1. In which city were you born?
2. What was the name of your first pet?
3. What was the year and model of your first car?
4. What is your mother's maiden name?
5. What is your favorite hobby?
6. What is the name of the street you grew up on?
7. What is your driver's license number?

Responses:

In addition to this completed form, *if the student is faxing, mailing, or emailing this form, a copy of the **student's government issued photo identification must be attached.***

Please mail to:

Allan Hancock College
Admissions & Records
800 South College Drive
Santa Maria, CA 93454-6399

Please fax to:

Allan Hancock College
Admissions & Records
805-922-3477

Please email to:

Allan Hancock College
Admissions and Records
admissions_help@hancockcollege.edu

Please provide a photo ID when submitting the form in person, to the Santa Maria Campus Admissions & Records office, or the Lompoc Valley, Solvang, or Vandenberg Air Force Base center offices.