



Office of the Registrar

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Family Education Rights and Privacy Act (FERPA) Release

FERPA is a Federal law that protects the privacy of student education records, both financial and academic. For the student's protection, FERPA limits release of student record information without the student's explicit written consent. A student is covered by FERPA at the time of his/her enrollment in courses at the seminary.

A student may waive this protection and give access to his/her record to individuals of his/her choice. This release allows the individual(s) named to access educational records as defined. For this to happen, students must complete this form, sign it and deliver it to the Office of Registrar at the Seminary.

I, _____ (please print student name legibly), the undersigned, hereby authorize Southern California Seminary to release the following educational records for the following purpose(s).

- Write a letter of recommendation for me by Professor _____
Release all Academic/Transcript Records
Release all Student Account Records
Release all Instructor/Classroom Records
Release all Financial Aid Records
Other (Please Specify)

Who will receive these records? The following individual/organizations are authorized to receive/access the letter/information indicated above. PLEASE PRINT FULL NAME.

Church _____ Mother/Stepmother _____
Agency _____ Father/Stepfather _____
Other _____ Spouse _____

Their Address _____ Their City, State, Zip _____ Their Telephone # _____

Although I understand I am not required to release this information, I am giving my consent to Southern California Seminary to disclose these records. I also understand that this release remains in effect for one calendar year from the date it is received by Southern California Seminary, unless I revoke my consent in writing and deliver it to the Registrar's Office at Southern California Seminary before that time. I understand that this information may be released orally, in writing, in electronic formats, or in the form of copies of records as preferred by the requestor.

Signature of Student _____ SCS Student ID # _____ Date _____