



Scholarships

5150 N. Maple Avenue M/S JA64
Fresno, CA 93740
Phone: 559-278-6572

Family Educational Rights and Privacy Act (FERPA) Consent Form

Last Name: _____		First Name: _____	
Phone: _____	Date: _____	Student ID: _____	
Address: _____			
City/State/Zip: _____			

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. For more information, please visit <http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

Party to whom the disclosure may be made:	
Name: _____	Relationship: _____
Address: _____	Phone: _____
City/State/Zip: _____	

Records to be disclosed (check all that apply):	
<input type="checkbox"/> Scholarship awards	<input type="checkbox"/> Eligibility
<input type="checkbox"/> Application status	<input type="checkbox"/> Other _____
<input type="checkbox"/> Scholarship Disbursements	

Purpose of the disclosure:	
<input type="checkbox"/> Family communication	
<input type="checkbox"/> Other _____	

Signature of party providing consent: _____ Date: _____

THIS FORM WILL ONLY BE ACCEPTED IN PERSON ALONG WITH A PHOTO ID