

Family Educational Rights and Privacy Act ("FERPA") Parent/Guardian/Third Party Access Form

Caltech

Registrar's Office
1200 E. California Blvd.
Mail Code 125-87
Pasadena, CA 91125

Email: regis@caltech.edu | Phone: (626)395-6354
Website: <http://www.registrar.caltech.edu/>

Student ID Number _____ Date _____

Last Name _____ First Name _____ MI _____

FOR PROCESSING, return form to: Registrar's Office by mail or scan and email to regis@caltech.edu

CHECK ONE:

- Consent for FULL ACCESS to Educational Records:** (Full access does not give authority to make changes to the student's educational record. Caltech does not automatically send information to the third party.)
- Consent for LIMITED ACCESS to Educational Records:** (Limited access does not give authority to make changes to the student's educational record. Caltech does not automatically send information to the third party.)
 - Only my Caltech transcript.
 - Only my Caltech financial information.

The following specific information or records:

Purpose for the Authorization (Please explain):

Provide full name and address of agent (individual (s) or agency) to whom access to records may be provided:

Provide security word or number to be used by agent for ID purposes:

VALID FOR:

- One Time Use: This authorization can be used only once.
- Limited Use: This authorization expires on _____
- Long Term Use: This authorization will remain continuously in effect until I withdraw this authorization in writing to the Registrar or for a maximum of one year from the date on this form.

I understand that some of my records may be protected under the Family Educational Rights and Privacy Act of 1974 and cannot be released without my written consent. I hereby waive all provisions of the law and privilege relating to the records described in this disclosure. I certify that this consent has been given freely and voluntarily. I may revoke this consent at any time by providing written notice of such revocation to the University office or person who maintains the records of this authorization. This authorization is good for one year from the date I sign this release, unless noted differently above, and photocopies of this release form may be accepted, when presented in person with appropriate identification. The person and or agency receiving this information may not disclose the information received as a result of this disclosure unless specifically authorized in the "purpose" section of this release.

For Internal Use Only

Registrar's Office Processed By: _____ Date: _____

Bursar's Office Processed By: _____ Date: _____

X _____

Student's Signature
blue or black ink only

Date