

Proxy Form

To Request Processing of Transactions

In compliance with the Department of Education's "**Family Educational Rights and Privacy Act**" (FERPA), the student must sign a release to authorize another party to process transactions on the student's behalf.

The student (not the proxy) has the ultimate responsibility for complying with applicable requirements, policies, and deadlines, and for the timely payment of tuition and fees.

TO BE FILLED OUT BY STUDENT

First and Last Name of Authorized Person: _____ Relationship: _____

Please select department this form will be submitted to:

Purpose of Transaction: _____

First and Last Name of Student: _____ Shasta College Student ID Number: _____

Email: _____ Phone Number: (____) _____ DOB: ____/____/____

I hereby authorize the person named below to serve as an authorized party for the purpose of processing this single transaction at Shasta College. My proxy may have access to any and all of my records that they request for the purpose of processing **this transaction**. I understand that I am responsible for any decisions made by my proxy on my behalf for this transaction only.

This proxy is for one transaction only; subsequent transactions will require a new proxy form. To authorize Shasta College to release information to an authorized party indefinitely, please complete the Release of Information Form found on www.shastacollege.edu/admissions_forms

Student Signature: _____ Date: _____

STAFF USE ONLY

Processed By: _____ Date: _____