



**Consent Form for Disclosures**  
**Student Senate for California Community Colleges**

**Section I. Introduction**

Student Senate Board Director shall continuously meet the requirements specified in **Education Code 76061**. A student who is elected to serve as a Director in the student government of a community college shall meet both of the following requirements:

(a)The student shall be enrolled in the community college at the time of election, and throughout his or her term, with a minimum of five semester units, or its equivalent.

(b)The student shall meet and maintain the minimum standards of scholarship prescribed for community college students by the community college district.

Pursuant to the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, consent is required before personally identifiable information for a student's education record may be disclosed to third parties, absent an exception to the requirement of consent.

**Section II. To be completed by Student (please print clearly):**

Date elected to SSSCC:

Region:

Position:

I, \_\_\_\_\_, hereby authorize

(School(s) Name(s))

*(specify the name(s) of the community college(s) in which you will be enrolled during the pendency of your term as a Student Senate Board Director)* to disclose to the Chancellor's Office for Community Colleges those educational records, i.e. college transcripts, dates of enrollment activity, course schedule, and grade point average, that may be necessary to verify my eligibility to serve as a Student Senate Board Director for California Community Colleges. I further authorize the Chancellor's Office for California Community Colleges to, if necessary, disclose my eligibility status to the members of the Student Senate Board for discussion and appropriate action at the next Board of Directors meeting.

This release is valid as of the day elected to serve on the SSSCC, until the end of your term in office. I further understand that I may revoke this release at any time by notifying the Chancellor's Office for California Community Colleges in writing, and that in doing so I resign my seat on the Board.

Student Signature:

Date:

**Section III. To be completed by Associated Student Advisor other Authorized College Official**

Student Name:

AS Position (if applicable):

Name of College:

This is to verify that the above named student (check one box) meets the eligibility requirements as set forth above in Section I for the current term:

- Be enrolled throughout his or her term in a **minimum of five semester units**, or its equivalent.
- **Meets and maintains the minimum standard of scholarship prescribed by their district.**

Does meet eligibility

Does NOT meet eligibility

Last Semester/ Quarter attended

Current Semester/Quarter

# of units currently enrolled

GPA for last Semester/Quarter

# Of units completed last Semester/Quarter

Cumulative GPA

# Of cumulative units at **any** Higher Education Institution

If the above-named student does not meet the eligibility requirements, please describe any extenuating circumstances.

(example: District maximum unit policy / Pending disciplinary Issues at your campus/ other )

Associated Student Organization  
Advisor's Printed Name and Title

Associated Student  
Organization Advisor's Signature

Telephone Number

Email

***Information required if different from above:*** Authorized College

Authorized College Official's Print Name and Title

Authorized College Official's Signature

Telephone Number

Email

**Section IV.** The Associated Student Advisor or Authorized College Official must email both pages of the completed form **within five business days** from receiving this document.

**Scan and email documents to:**

**Gina Browne - gbrowne@cccoco.edu and**

**Julie Adams - jadams@studentsenateccc.org**