San Diego Community College District

City College · Mesa College · Miramar College · College of Continuing Education

FERPA Temporary Emergency Representative Authorization

This form allows you to designate an emergency contact to discuss your records and request specific college actions for you, but only while SDCCD has confirmed you are in a serious emergency and cannot handle your own college business.

Student Information

Student name	**Student ID**
Preferred email	**Preferred phone**
Passphrase:	_____ *This is a unique passphrase used to verify authenticity. Please be sure to share with your emergency contacts. Do not use phrases that may be known such as home address, birth date, or other easily retrievable words.*

Emergency Contact

Contact 1	**Contact name**	**Relationship to you**
	Primary phone	**Preferred language**
Records and actions I authorize	☐ Enrollment status and holds; ☐ Student account balance; request a fee deferral, payment plan, or refund review	☐ Request an official transcript or enrollment verification ☐ Other specified services:
Contact 2	**Contact name**	**Relationship to you**
	Primary phone	**Preferred language**
Records and actions I authorize	☐ Enrollment status and holds; ☐ Student account balance; request a fee deferral, payment plan, or refund review	☐ Request an official transcript or enrollment verification ☐ Other specified services:

Not authorized under this form. SDCCD will not disclose or act on: immigration status or nationality; residency or AB 540 records; counseling, medical, disability, or disciplinary records; any FAFSA, CADAA, loan, or certification signature; changes to refund or direct-deposit destinations; or changes to my contact information or authorizations.

Student Authorization

[ ] I authorize SDCCD to contact the person named above when SDCCD reasonably believes that I am experiencing a serious emergency and I am unavailable or unable to communicate. I may update or revoke this authorization at any time through the approved Campus Solutions process or by submitting written notice to the designated Student Services or Admissions and Records office.

Student signature:	**Date**
Printed name	**Student ID**