



## STUDENT RELEASE OF INFORMATION

(rev. 5/19/09; srd)

**Office Use Only:**

Copy to FA \_\_\_\_\_

Copy to RE \_\_\_\_\_

Date \_\_\_\_\_

I, \_\_\_\_\_, do hereby give permission for the following individuals to have access to the following information contained in my student file with the Enrollment Services Department, for the period as indicated below:

**List name(s) of individuals:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Select one:**

For one year from start and end date (maximum):

\_\_\_\_\_ to \_\_\_\_\_  
(mm/yyyy) (mm/yyyy)

Temporarily indicate start and end date (less than a year):

\_\_\_\_\_ to \_\_\_\_\_  
(mm/yyyy) (mm/yyyy)

**Initial each item you are giving permission for:**

- |   |   |                      |                          |
|---|---|----------------------|--------------------------|
| ___ Transcripts   | ___ Grades  | ___ Student Schedule | ___ Taxes (verification) |
| ___ Award Letter  | ___ Copy of ISIR                                      | ___ Needs Analysis   | ___ Other (be specific)  |
| ___ Admissions File<br><i>(includes: academic transcripts, letter of acceptance, etc)</i> | ___ Communication from Retention on grades/attendance |                      |                          |

**To be completed by student making request:**

Name (first, middle, last): \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Birth Date: \_\_\_\_\_      Student ID# \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_      Date: \_\_\_\_\_

I hereby **revoke** any release of information for the following above named individuals, as of: \_\_\_\_\_.  
(month/day/year)

**List name(s) of individuals:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

Student Signature: \_\_\_\_\_      Date: \_\_\_\_\_