



(Note: this Consent does **not** cover medical records held solely by the College Health Center or the Counseling Center – contact those offices for consent forms.)

TO: \_\_\_\_\_ (Name of College Official and Dept.)

**Information to be released under this Consent:**

- \_\_\_\_\_ Recommendations for employment or admission to other schools
- \_\_\_\_\_ Transcript
- \_\_\_\_\_ Disciplinary records
- \_\_\_\_\_ All records
- \_\_\_\_\_ Other (Specify)

**Please provide information from the education records of:**

\_\_\_\_\_ Print Student's Full Name

\_\_\_\_\_ Student ID. No.

**Please provide the information to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF STUDENT CONSENTS TO RELEASE INFORMATION, STUDENT MUST COMPLETE THIS SECTION**

I understand the information will be released in the form of copies of written records. I have a right to inspect any records released pursuant to this Consent (except for parents' financial records and certain letters of recommendation for which the student waived inspection rights).

**Student may only select one option below. Failure to select any option will deem this Consent ongoing under the terms of option no. 2.**

\_\_\_\_\_ 1. This Consent is **not** ongoing and is valid for the limited purpose of releasing the information which is available today to the party/entity designated above.

\_\_\_\_\_ 2. This Consent shall remain in effect until such time that I am no longer a student at any college in the District or I revoke this Consent in writing, whichever occurs first. **I understand I may revoke this Consent at any time.**

\_\_\_\_\_ Print Name

\_\_\_\_\_ Signature

Date: \_\_\_\_\_

**IF PARENT/GUARDIAN SEEKS INFORMATION, PARENT/GUARDIAN MUST COMPLETE THIS SECTION**

I understand the information will be released in the form of copies of written records. I hereby affirm that

\_\_\_\_\_ Name of Student

is listed as a dependent on my most recently filed, personal federal tax return. **A copy of the page from my most recent federal tax return listing the named student as a dependent is attached.** Student's consent is **NOT** needed if Parent/Guardian provides tax document.

\_\_\_\_\_ Print Name of Parent/Guardian

\_\_\_\_\_ Signature of Parent/Guardian

Relationship to Student: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*A photocopy of signing party's current, valid picture ID must accompany this form.**

FOR OFFICE USE ONLY:

Print Name of Processor/Clerk: \_\_\_\_\_

Photocopy of signing party's current, valid picture ID attached. \_\_\_\_\_ Yes \_\_\_\_\_ No

Date copies of records provided to Student, Parent/Guardian, or designated third party: \_\_\_\_\_