



## Office of Admissions, Records, & Services

### Student Record Release Authorization

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_, to release information contained in my student record(s) per the provisions, purposes and/or limitations listed below.

**Type of Information requested (check one):**

Transcript

Receipt

Enrollment Verification

Other (be specific):

Degree

\_\_\_\_\_

**The Purpose(s) of this authorization are (check one):**

At the discretion of the aforementioned individual.

Limited to the following (be specific):

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

\_\_\_\_\_  
(Student ID Number)

\_\_\_\_\_  
(Legal Student Signature)

\_\_\_\_\_  
(Date)

In accordance with General Education Provisions Act 438, Title IV, Public Law 90-247 and California Education Code, Sections 76240-76246, we must have written authorization from the student to release information regarding educational records.

**Students:** Please complete this form and have your designee submit it to the office of Admissions, Records, & Services.

**Designee:** Must bring in a valid form of photo identification.