

Permission to Release Information

IMPORTANT NOTES—PLEASE READ!

Signing this release <u>does not</u> entitle the recipient to make transactions on behalf of the student (e.g. registrations, transcript orders, etc.). It only enables the college to release the specified information to the recipient. Students are in control of their own educational records and must complete their own transactions.

This form must be signed and submitted by the <u>student</u> via one of the following methods: 1) sent from CCC email account; 2) in person, with photo ID, to Registration & Records; or 3) via a college/school representative who has verified the student's identity. We will not accept this form via any other method.

STUDENT INFORMATION	*Indicates required field
Name*	Student ID/SSN*
Date of Birth*	Phone Number*
RECIPIENT INFORMATION (include full name)*	
□ Family/Friend	
☐ Mentor/Advisor/Counselor	
□ Sponsor	
□ Employer	
□ C-TEC Youth Career Advisor	
□ WIOA/Workforce Advisor	
□ Dept. of Human Services	
☐ Child Support Services	
☐ Other (please specify)	
INFORMATION TO BE RELEASED*	
☐ Grades Only ☐ Student Account Information ☐ F	inancial Aid Information
☐ Disability Resource Center Information	
☐ All of the above (grades, student account info, financial aid info, academic records, Disability Resource Center info)	
TIME PERIOD FOR RELEASE	
Please indicate when you would like this release to expire:	MM/DD/YY
Note: If left blank, we will use the end of the current academic year as the expiration date for this release.	
Student Signature*	Date

Return completed form to:

EMAIL: registration@clackamas.edu

IN-PERSON: Registration & Records, Roger Rook Hall, Oregon City campus Student Services, Harmony East Building, Harmony Community campus

Student Services, Wilsonville campus

OFFICE USE ONLY
Date Entered:
Staff Initials: