

Permission to Release Information

Today's Date _____

STUDENT INFORMATION

CCC Student ID/SSN# _____ Student Name _____

Address _____
Street City State Zip

Phone Number _____

RECIPIENT INFORMATION

Name _____ Relationship to Student _____

Address _____
Street City State Zip

Phone Number _____

INFORMATION TO BE RELEASED

- Grades Only Student Account Information Financial Aid Information Academic Records
- Disability Resource Center Information
- All of the above (grades, student account info, financial aid info, academic records, Disability Resource Center info)

TIME PERIOD FOR RELEASEPlease 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.

By signing this form, you are indicating that you are the student to whom the CCC ID or SSN has been assigned. If you are not the student and are trying to gain access to this student's records, this will be considered a fraudulent act.

I give permission to Clackamas Community College to release the specified information to the recipient listed above.

Student Signature _____

Return completed form to:**Mailing Address:** Clackamas Community College, Registration and Records,
19600 Molalla Ave, Oregon City, OR 97045**Location:** Enrollment Services Center, Roger Rook Hall**FAX:** 503-722-5864**Email:** registration@clackamas.edu**For questions, contact:****Phone:** 503-594-6074**Email:** registration@clackamas.edu**OFFICE USE ONLY**

Date Entered:

Staff Initials: