



# Release of Information

## 2013-14

I, \_\_\_\_\_, hereby permit Central Oregon Community College to release the following information from my educational records (check all that apply):

_____ Registration PIN number	_____ Registration History
_____ Gender	_____ Academic Standing
_____ Race/Ethnicity	_____ Payment Information/History
_____ Grades	_____ Financial Aid Information
_____ Cumulative Credit Hours	_____ Veterans' Information
_____ On Campus Housing Related Information (includes conduct issues)	_____ Student Conduct Information
_____ Class Schedule for Current Term	_____ Other (specify): _____

The above information may be released by phone, in-person or in writing to the following individuals, **once s/he has confirmed my COCC identification number and date of birth.** (Note: grades can only be released in-person or in writing.)

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

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

I understand that the above information is considered private information under the federal FERPA (Family Educational Rights and Privacy Act) guidelines. By completing and signing this form, I realize that this information will be released to the party (ies) indicated and that this Release will **expire on June 30, 2014**. This release does NOT authorize others to drop classes or request transcripts on my behalf without my signature.

\_\_\_\_\_  
Student Name (printed)

\_\_\_\_\_  
COCC ID Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student E-mail Address

\_\_\_\_\_  
Student Phone Number

**This form must be submitted in person, with picture identification, to Enrollment Services at any campus.**

Office Use Only: ID Verification \_\_\_\_\_

Enrollment Services, Central Oregon Community College  
2600 NW College Way, Bend OR 97701  
www.cocc.edu