



Release of Information 2014-15

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

- | | |
|---|-------------------------------------|
| _____ Registration PIN number | _____ Academic Performance/Progress |
| _____ Gender | _____ Payment Information/History |
| _____ Race/Ethnicity | _____ Financial Aid Information |
| _____ Grades/Academic Standing | _____ Veterans' Information |
| _____ Cumulative Credit Hours | _____ Student Conduct Information |
| _____ On Campus Housing Related Information (includes conduct issues) | _____ Attendance |
| _____ Class Schedule for Current Term | _____ Enrollment Status |
| _____ Registration History | 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, 2015.** 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