



Release of Information

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

- | | |
|--|--|
| <input type="checkbox"/> Academic Performance/Progress | <input type="checkbox"/> Pre-Registration Activity |
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Payment Information/History |
| <input type="checkbox"/> Class Schedule for Current Term | <input type="checkbox"/> Registration History |
| <input type="checkbox"/> Cumulative Credit Hours | <input type="checkbox"/> Student Conduct Information |
| <input type="checkbox"/> Financial Aid Information | <input type="checkbox"/> Veterans' Information |
| <input type="checkbox"/> Grades/Academic Standing | |
| <input type="checkbox"/> On Campus Housing Related Information (includes conduct issues) | 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.**

_____	_____
_____	_____

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 has **no expiration date**. I may revoke this release by providing a written request to Enrollment Services. This release does NOT authorize others to make any changes to my COCC account/record, including to add/drop classes or request transcripts on my behalf. **Note: This release does not cover the Services for Students with Disabilities (SSD) department. Students working with the SSD office need to contact that office directly for a separate release.**

Student Name (printed)

COCC ID Number

Student Signature

Date

Student E-mail Address

Student Phone Number

This form must be submitted either in person, with picture identification, to Enrollment Services at any campus OR via fax (541-318-3700)/email (welcome@cocc.edu) with copy of picture identification that includes student's signature.

Office Use Only: ID Verification _____

Enrollment Services, Central Oregon Community College
2600 NW College Way, Bend OR 97701

www.cocc.edu