



# Release of Information

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

- |   |                                   |
|---|-----------------------------------|
| _____ Academic Performance/Progress                                   | _____ Pre-Registration Activity   |
| _____ Attendance  | _____ Payment Information/History |
| _____ Class Schedule for Current Term                                 | _____ Registration History        |
| _____ Cumulative Credit Hours   | _____ Student Conduct Information |
| _____ Financial Aid Information                                       | _____ Veterans' Information       |
| _____ Grades/Academic Standing  |                                   |
| _____ 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.

\_\_\_\_\_  
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](http://www.cocc.edu)