



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
Attendance
Class Schedule for Current Term
Cumulative Credit Hours
Financial Aid Information
Grades/Academic Standing
On Campus Housing Related Information (Includes conduct issues)
Pre-Registration Activity
Payment Information/History
Registration History
Student Conduct Information
Veterans' Information
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.

Two sets of horizontal lines for listing individuals to whom information may be released.

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.

Form fields for Student Name (print), COCC ID Number, Student Email Address, Student Phone Number, Student Signature, and Date.

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 _____