



**CENTRAL
OREGON
COMMUNITY
COLLEGE**

Release of Information **2006-07**

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

- | | |
|---|--|
| <input type="checkbox"/> Registration PIN number <input type="checkbox"/> Gender <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Payment Information/History <input type="checkbox"/> Grades <input type="checkbox"/> Cumulative Credit Hours | <input type="checkbox"/> Class Schedule for Current Term <input type="checkbox"/> Registration History <input type="checkbox"/> Academic Standing <input type="checkbox"/> Financial Aid Information <input type="checkbox"/> Veterans' Information <input type="checkbox"/> 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.)

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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, 2007**. 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 in the Boyle Education Center.