

CONSENT FOR RELEASE OF EDUCATION RECORD

This form is provided in compliance with the Family Educational Rights & Privacy Act of 1974. It must be completed and signed by a student to authorize release of his/her education record or revoke a previous authorization. Fill out a separate form for each Person/Agency/Institution.

My signature at the bottom of this form indicates:

- I give my consent
- I withdraw my consent

to release portions of my Kirkwood Community College Education Record as follows:

1. Person/Agency/Institution to whom specified records are to be released:

Name: _____

Address: _____

To release your records to a person, we require the last 4 digits of that person's social security number for verification purposes when they contact us: _____

What is the person's relation to you: _____

2. The specific portions of my Education Record to be released are as listed below.

Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Schedule | <input type="checkbox"/> Registration Statement/Bill | <input type="checkbox"/> Class Performance |
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> GPA (is on Transcript) | <input type="checkbox"/> Military Benefits | |

3. What is the purpose for releasing this information?

Your "k" Number: _____

Student Signature (your handwritten signature is required in order to release your records)

Date: _____

Printed Name

Your Address: _____

Street and number

City, State, Zip

To activate, do one of the following:

- Turn in to One Stop Office, 2nd floor Kirkwood Hall
- Mail to: One Stop Office, 2nd floor Kirkwood Hall
Kirkwood Community College
Cedar Rapids IA 52404
- Fax to One Stop Office: 319-398-4928