



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 for each term a student authorizes release of his/her Education Record. The consent will be valid **one term only**. Fill out a separate form for each Person/Agency/Institution.

My signature at the bottom of this form indicates 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:

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

Term: _____ (i.e. 2008FA)

Please check the specific records you are requesting to be released (check all that apply).

- | | |
|------------------------|-----------------------------|
| Schedule | Registration Statement/Bill |
| Transcript | Financial Aid |
| GPA (is on Transcript) | Military Benefits |

4. **Do you wish a copy of these same documents?** YES NO

Signature (required in order to release records) Your "k" Number: _____

Printed Name Date: _____

Your Address: _____
Street and number

City, State, Zip

- To activate, do one of the following:
- Turn in to Enrollment Services, 216 KH
 - Mail to Enrollment Services – 216 KH
Kirkwood Community College
P O Box 2068
Cedar Rapids IA 52406
 - Fax to Enrollment Services: 319-398-4928