

Permission to Release Education Record Information Form

Release to Recipient: (Individual or Agency/Institution)

Name: _____

Requested by (Student):

Last Name: _____

First Name: _____

Student ID: _____

Address: _____ Apt # _____

City/State/Zip: _____

Education record information to be released (be specific):

Purpose of release (be specific):

I give permission for the Tompkins Cortland Community College Office of Academic Records to release the specified information to the recipient listed above.

THIS FORM MUST BE SIGNED BY THE STUDENT ON CAMPUS IN THE PRESENCE OF A TOMPKINS CORTLAND COMMUNITY COLLEGE STAFF PERSON OR PRESENTED WITH SIGNATURE AND SEAL OF A LICENSED NOTARY.

Student signature: _____ Date: _____

Tompkins Cortland Community College staff person or notary signature:

Witness: _____