



One-Time Authorization to Release Educational Record Information

This form must be submitted to the Office of the Registrar in person with appropriate ID (a valid driver's license, CSC Student ID, or passport), or it may be submitted by mail, fax or email along with a legible copy of appropriate ID.

Release to (Recipient)

Name: _____

Organization/School: _____

Address: _____

City, State, Zip: _____

Phone: _____ Phone Password: _____

Recipient may be required to provide this to verify identity if Education records are discussed over the phone.

Educational Records to be Released:

Purpose of Release:

Requested by (Student):

Student Name: _____ Student ID _____
Please Print (last, first, middle)

Student Signature: _____ Date: _____

Student Phone: _____

This phone will be stored in a secure location and ONLY used by Registrar management to notify you in the event that a third party contacts our office asking for your information.

Registrar Staff Signature: _____ Date: _____

Type of Photo ID Presented: Driver's License CSC Student Passport Other _____