

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: _____

The last 4 digits of their social security number for verification 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:

Assignments & Homework

Class Progress

Financial Aid

Attendance

Class Schedule

Grades, Scores, GPA

Bill & Finances

Disciplinary Records

Military Benefits

Other - Please specify _____

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)

Printed Name

Date: _____

Your Address: _____

Number and Street

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