Kirkwood
COMMUNITY COLLEGE

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:

- ☐ Accommodations
- ☐ Assignments & Homework
- ☐ Attendance
- ☐ Bill & Finances
- ☐ Class Progress
- ☐ Class Schedule
- ☐ Disciplinary Records
- ☐ Financial Aid
- ☐ Grades, Scores, GPA
- ☐ 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)*

_____ **Date:** _____

Printed Name

Your Address: _____

Number and Street

_____

City, State, Zip

To activate, do one of the following:
- Turn in to the Registrar's Office, 3rd floor Iowa Hall
- Mail to: Registrar's Office, 3rd floor Iowa Hall
  Kirkwood Community College
  Cedar Rapids, IA 52404
- Fax to Registrar's Office: 319-398-4928

Reset Form Print Form

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