

**College of the Siskiyous
Enrollment Services
RECORD/INFORMATION RELEASE**

The Family Educational Rights and Privacy Act of 1974 and the California Education Code (Section 76243) prevent the release of education records and information without the written consent of the student. In order for you to authorize the information indicated below, please complete, sign, and date the following form. Original Release will be filed in Enrollment Services.

1) I, _____, authorize College of the Siskiyous to release/discuss my student records and other information to the individuals named below. Please give full name of individual(s), who they are in relation to you, and a contact address and phone number.

Name	Relation	Phone	Address

2) Please select a Codeword that you will only share with the parties above to use for release of information.

3) I am aware that the Record/Information Release is in effect from the date indicated on this form for the time I am a student at College of the Siskiyous. Changes to permission for disclosure must be made in writing to the Enrollment Services Office.

I authorize release of the following Information/Records: (please check all that apply):

- Grades, Unofficial Transcripts and other Academic Information** – If a student has signed waiver, grades, unofficial transcripts, and other academic information can be mailed to the permanent address on file.
- Financial Information** – Financial Aid information including application and award status.
- Athletic Information** – Any other information about an athlete not included in the directory information.
- Lodges** – Money matters, behavior, health and safety.
- Advising** – Progress and dismissal information, class issues, GPA, etc.
- Billing Information** – How much a student owes to the College and for what.

Signed _____ SID S000 _____ DOB _____

Begin Date _____ End Date _____

Comments _____