

Release of Information

Business Office Only

| Student Name: | Student ID#: | |
|--|---|--|
| In compliance with the Department of (FERPA), information in your student responsor, etc.) without your written per you need to return this form with your i | ecord may not be released to mission. Note that you do no | a third party (parents, guardian t have to list any third party, bu |
| I grant permission to College of the Redu Student Accounts Receivable record to t effect until revoked in writing. | | |
| NEW PRIVACY POLICY to help protect y | ou against unauthorized rele | ase of your records. |
| Release of information in person: You specific information about your student | | the counter when requesting |
| Release of information over the phone your information via telephone to you or people below. The person you author birthdate, address, phone number, or last | or someone other than you ize will need to provide some | r <mark>self,</mark> list yourself and the p é rson |
| NAME OF PERSON | RELATIONSHIP | CONTACT NUMBER |
| (SELF) | | |
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| Student Signature | Date | |