

“ASK A TRANSFER QUESTION”

PERMISSION TO RELEASE INFORMATION

(Student should fill in this portion, then read and sign the bottom portion.)

NAME OF STUDENT REQUESTING THE RELEASE:	JJC STUDENT ID NUMBER:	JJC STUDENT EMAIL:
REQUEST DATE:	PURPOSE OF REVIEW:	ITEM(S) OF INFORMATION REQUESTED:

NAME OF PERSON REQUESTING INFORMATION RELEASE: **Cheryl Turrise,**
Transfer Specialist
cturrise@jjc.edu

I agree to allow the above named person in his/her capacity regarding “Ask A Transfer Question” to release information to me about my academic summary and test scores on record at Joliet Junior College.

I agree that the information outlined above will be sent via email to my email address at:
_____ (student email address)

I understand that the email transmission of confidential information may not be secure, but that all reasonable attempts to protect my privacy will be made and that unauthorized use or disclosure is prohibited.

Student’s Signature: _____ **Date:** _____

This release expires six months from date of signature listed above.

Please attach a legible copy of a government issued identification card that authenticates your identity (e.g. driver’s license, state issued ID card).

For an expedited response, fax this form to the JJC Counseling Department at Fax: **815-280-2647**.

Whether you fax this form or not, you must return a signed original copy to:

JJC Transfer Specialist A1159
Joliet Junior College
1215 Houbolt Rd., Joliet, IL 60431.

If you have any questions, please call the Transfer Specialist at: 815-280-2923.

