

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 for each term a student authorizes release of his/her Education Record. The consent will be valid **one term only**. Fill out a separate form for each Person/Agency/Institution.*

My signature at the bottom of this form indicates 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: _____

To release your records to a person, we require the last 4 digits of that person's social security number for verification purposes when they contact us: _____

What is that person's relation to you? _____

2. The specific portions of my Education Record to be released are as listed below.

Term: _____ (i.e. 2007FA)

Please check the specific records you are requesting to be released (check all that apply).

- | | |
|-------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Schedule | <input type="checkbox"/> Registration Statement/Bill |
| <input type="checkbox"/> Transcript | <input type="checkbox"/> Financial Aid |
| <input type="checkbox"/> GPA (is on Transcript) | <input type="checkbox"/> Military Benefits |

Your consent will be valid during which term? (e.g., Fall 2012): _____

4. Do you wish a copy of these same documents? ☐ YES ☐ NO

5. What is the purpose for releasing this information: _____

Your "k" Number: _____

Signature (required in order to release records) _____

Date: _____

Printed Name _____

Your Address: _____

Street and number

City, State, Zip

To activate, do one of the following:

- Turn in to Enrollment Services, 216 KH
- Mail to Enrollment Services – 216 KH
Kirkwood Community College
P O Box 2068
Cedar Rapids IA 52406
- Fax to Enrollment Services: 319-398-4928