



Release of Information Form

I, _____, the undersigned, hereby authorize the CDC, to release and provide to:

Name: _____

Address: _____

Fax: (____) _____ - _____ with the copies of documents as may be listed below. I acknowledge that I understand the purpose of the request and that authorization is hereby granted voluntarily.

Student Information:

Student Name (Last, First, Middle): _____

Address: _____

Phone: (____) _____ - _____ Date of Birth (mm/dd/yy): _____ / _____ / _____

Clock Card #: _____ SSN: _____

Requested Information or Documents:

- Student academic report
- Student enrollment status
- Other (Please explain in detail): _____

NOTE: I understand that I may cancel or revoke this authorization at any time in writing.

Dated this _____ day of _____, _____

By my signature below, I consent to the release of the above listed information/documents.

Printed Name of Student: _____

Signature of Student: _____