



Mission College

Student Enrollment & Financial Services

Authorization for Release of Information to Others

Student's Name (please print) _____
Last First Middle Initial

Student's ID No.: _____ Student's E-mail: _____

Phone _____ Previous Names (if any) _____

I hereby authorize Mission College to release information from my Mission College academic to:

Other#1: _____
Please print: Last name First name

Other#2: _____
Last name First name

Relationship to Student: _____

Relationship to Student: _____

By my signature below, I acknowledge that this release allows Mission College staff to release information from my official Mission College education records to the person(s) listed above. Examples of the documents include transcripts, verification of enrollment, class schedules, etc. I also acknowledge that is form is **valid for one year** from the signed date below.

By my signature below, I also acknowledge that this release does not authorize or entitle the person(s) listed above to advocate or negotiate with college faculty, staff, and administrators on my behalf regarding college grades, records, disciplinary procedures, or actions related to academic standing.

Student Signature X _____ Date _____

Picture ID Required. State and Federal regulations prohibit release of information without the student's written authorization.

Please mark an **X** next to the service area you are authorizing the release information of:

Admissions & Records _____

Financial Aid: _____

(Valid for one year from signed date)

Office Use Only	
ID Type: _____	
Verified By: _____	Date: _____