



Office of Admissions & Records
1530 West 17th Street
Santa Ana, CA 92706

Received by:
(Clerk's Initials)

Permission to Release Education Record Information

Requested by (*Student*):

Released to (*Recipient*):

LAST NAME

FIRST NAME

LAST NAME

FIRST NAME

STUDENT ID #

ORGANIZATION/SCHOOL

DATE

ADDRESS

CITY, STATE, ZIP

Education record information to be released:

Purpose of release:

I give permission for _____ to release the specified information to the recipient listed above.

STUDENT SIGNATURE

OFFICE USE ONLY

Action taken:

Completed

Filed

Held

Other