

Enrollment Services
Permission to Release Student Record Information

Student name (please print) _____

Student identification number _____

The person/organization listed below has permission to access my information/records held by the Registration and Records office at Olympic College:

Name of person/organization

This release of information may include (check all that apply):

- Directory information
- Grades/unofficial transcript
- GPA
- Official transcript
- Schedule
- Registration/Add classes/Drop classes/Withdraw from classes
- Other _____

To assure confidentiality, if we release information by phone or fax, provide us with a password and give it to the receiving person/organization.

Password: _____
Please write clearly

Student signature

Today's date

This release form may also be used for REVOKING permission to access information.

I hereby revoke/remove permission for _____ to access
Name of person/organization
my information/records at Olympic College.

Student signature

Today's date

For office use only: Initials _____	<input type="checkbox"/> Post in SM4015 year/quarter Z999 Date: _____	<input type="checkbox"/> File in vault
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