



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(s)/organization

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

- Directory information
- Grades/unofficial transcript
- GPA
- Registration, Add, Drop, Withdrawal
- Official transcript
- Schedule
- 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

This "Permission to Release" expires two (2) years from today on: _____
(unless revoked below)

Student signature

Today's date

To REVOKE this permission to release information, complete and sign below:

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

Student signature

Today's date

For office use only: Post in SM4015 year/quarter Z999: (*Permission to release to name of person/organization; Password insert password. Today's Date and Expiration Date; Your initials*)

Initials _____ Date: _____ File in vault