



MOORPARK COLLEGE
REGISTRATION & RECORDS

| | | |
|---|------------------|-----------------------|
| Print Last Name _____ | First Name _____ | M.I. _____ |
| Student ID/Social Security Number _____ | | Date of Birth _____ |
| Address _____ | | |
| City/State/ZIP _____ | | Daytime Phone # _____ |

Authorization to Release Information

Dear Student:

The Family Rights & Privacy Act of 1974 (also called the Buckley Amendment) protects the confidentiality of your academic record by prohibiting the release of information without your written consent.

Completing and signing this form is your authorization to release the information you specify below.

Please be advised that we are unable to comply with your request if you have any fees and/or obligations due.

Please initial _____

Please release to (name of organization) _____
the Moorpark College information specified below.

_____ VERIFICATION OF ENROLLMENT Full-Time Half-Time Less Than Half-Time

_____ GOOD STUDENT DISCOUNT *(Requires full-time and 3.0 GPA)*

_____ OTHER (BE SPECIFIC) _____

For the following term: Fall 20 _____ Spring 20 _____ Summer 20 _____

| | |
|------------------|--|
| CHECK ONE | <input type="checkbox"/> Pick Up (Picture I.D. Required) |
| | <input type="checkbox"/> In attached envelope |
| | <input type="checkbox"/> Please mail to the following: _____ _____ _____ |
| | <input type="checkbox"/> Please fax to: _____ |

Student signature _____

Today's Date _____

• • • • • **Office Use Only** • • • • •

Date paid _____ Date ready for P/U _____ Date mailed _____

\$3.00 (7-10 working days)

\$5.00 (Rush, 3-5 working days)

Date Faxed _____