Print Last Name First Name M. I.

Social Security Number Date of Birth

Address

Daytime Phone #

Moorpark College

Office of Admissions & Records (805) 378-1429

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.

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

Please initial _____ .

· · · DO NOT DETACH · · · DO NOT DETACH · · · DO NOT DETACH · · · DO NOT DETACH · · · DO NOT DETACH · · · DO NOT DETACH · · ·

Please release to (name of organization)_____
any information Moorpark College may have regarding my:

_____ VERIFICATION OF ENROLLMENT Policy Holder _____

☐ Full-Time ☐ Half-Time ☐ Less Than Half-Time

_____ GOOD STUDENT DISCOUNT Policy # _____

(Requires Full-Time and 3.0 GPA)

_____ GRADE LETTER Holder's SSN _____

_____ OTHER_____

For the following term: FALL 20 ____ SPRING 20 ____ SUMMER 20 ____

☐ Please mail to the following: _____

_____

_____

☐ Envelope Attached ☐ Will Pick Up

_____ _____

Signature Today's Date

• • • OFFICE USE ONLY • • •

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

☐ $3.00 (10 - 20 working days) Date notified _____ Date purged _____

☐ $5.00 (Rush - 3 working days) Date returned _____

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