



# Authorization to Release Student Information

Name

Student I.D.#

Address

Phone Number(s)

City, State and Zip Code

Date of Birth

In accordance with the Family Educational Rights and Privacy Act (FERPA), I authorize Oakland Community College to release or disclose the information from my student record to:

- Myself
- Third Party

\_\_\_\_\_ Name of organization or individual receiving record

Please designate the information to release:

Confirmation of my enrollment in the college for \_\_\_\_\_ Semester.

Include credit hours       Do not include credit hours

Tuition and fees for \_\_\_\_\_ term/year

Completion of the attached form

Other, if unrestricted, please indicate     ALL

Method of release:

Mail

\_\_\_\_\_ Address

Fax

\_\_\_\_\_ Fax# including area code

I will pick up the information in person, showing proof of my identity.

**PLEASE NOTE:** If not picked up within ten (10) working days from the date of signature, requested information will be mailed to the student address on file.

Student Signature

Date