



CONSENT FOR RELEASE OF INFORMATION

Name: _____ Date of Birth: _____
Last First Middle

TC Student ID#/SS#: _____

Maiden Name or Other Name Used _____
Last First Middle

I, the undersigned, in accordance with the Federal Family Educational Rights and Privacy Act of 1974 guidelines and Education Code section 76242, authorize the West Kern Community College District to release the following information from my college records:

- | | |
|------------------------------------|--------------------------------------------|
| _____ Financial Aid Records | _____ Educational Plan |
| _____ Financial Records | _____ GED Information |
| _____ Admissions/Residency Info. | _____ Placement Information |
| _____ Class Schedule | _____ Medical and/or Insurance Information |
| _____ Transcripts/Academic Records | _____ Other (specify): _____ |
| _____ Progress Report | |

The following individual(s)/Department(s) may have access to the released information:

- | | |
|----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> _____
Print Name/Dept. | <input type="checkbox"/> _____
Print Name/Dept. |
| <input type="checkbox"/> _____
Print Name/Dept. | <input type="checkbox"/> _____
Print Name/Dept. |

This authorization shall remain in effect during my enrollment or until revoked in writing.

Signature of Student Date

IMPORTANT: You must bring a signed form in person with original signature and a government issued photo identification card to Taft College for processing. Scanned or faxed requests **will not** be accepted. A fully executed notarized form may be mailed to:

Taft College-Student Services Department
29 Emmons Park Drive
Taft, CA 93268