



Authorization for Release of Information

Name _____
Last Name First Name Middle Name SSS or Student ID

Address _____
Street/PO Box City State Zip

Telephone Number _____ Date of Birth _____

I authorize the individuals listed below to obtain information from my student records on my behalf as needed for academic advisement, registration, college transfer, enrollment verification, financial records, institutional hold information, student code of conduct matters, or any other legitimate educational purpose.

I also authorize Casper College to release such information to other educational institutions, lenders or employers as needed or requested.

This authorization shall remain in effect until further notice is received in writing.

Persons authorized to obtain information from my records:

Full Name/Organization/Institution Relationship to student

Full Name/Organization/Institution Relationship to student

Full Name/Organization/Institution Relationship to student

Student Signature _____ Date _____

Action Taken: (for office use only)

Completed (PREM): _____ Filed: _____ Other: _____

Processed By: _____

Date: _____

All Release of Information forms will be kept on file in the Enrollment Services Office
Enrollment Services 10/2015