

Office of International Education
Permission to Release Student Record Information

Student name (please print): _____

Student identification number: _____

The person/organization listed below has permission to access my information/records held by the Office of International Education at Olympic College:

Name of person(s)/organization

This release of information may include (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All of the following | <input type="checkbox"/> Schedule |
| <input type="checkbox"/> Billing and Accounting Information | <input type="checkbox"/> Homestay/residence Hall placement |
| <input type="checkbox"/> Grades/unofficial transcript | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> GPA | _____ |
| <input type="checkbox"/> Health/Psychological/Behavioral | _____ |
| <input type="checkbox"/> Official transcript | |

To assure confidentiality, if we release information by phone or fax, provide us with a password and give it to the receiving person/organization.

Password: _____
Please write clearly

This "Permission to Release" expires 3 years from today on: _____ or until they leave OC whichever later. (Unless revoked below).

Student signature

Today's date

~~~~~  
To REVOKE this permission to release information, complete and sign below:

I hereby revoke/remove permission for \_\_\_\_\_ to access my information/records at Olympic College.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Today's date

**For office use only:**  Post in SM4015 year/quarter Z999: (*Permission to release to name of person/organization; Password insert password. Today's Date and Expiration Date; Your initials*)

Initials \_\_\_\_\_ Date: \_\_\_\_\_  File in vault