TAFTCOLLEGE

CONSENT FOR RELEASE OF INFORMATION

Name:_____ Date of Birth:_____
Last First Middle

TC Student ID#:_____

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

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

☐ _____
Print Name/Dept.

☐ _____
Print Name/Dept.

☐ _____
Print Name/Dept.

☐ _____
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 Cougar Court
Taft, CA 93268

Revised 26/6/17 (KA)